

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**5082**

State File No. ....

**834**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

**1. PLACE OF DEATH**  
a. COUNTY Jackson

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo. c. LENGTH OF STAY (In this place) 11 YEARS  
c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital  
e. STREET ADDRESS (If rural, give location) 6101 Swope Parkway

**3. NAME OF DECEASED**  
(Type or Print) a. (First) Emily b. (Middle) JENNEY c. (Last) ROSS  
4. DATE OF DEATH (Month) (Day) (Year) Feb. 21 56

**5. SEX** Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed **8. DATE OF BIRTH** 12/22/80 **9. AGE** (In years last birthday) 75 **IF UNDER 1 YEAR** Months 2 **IF UNDER 4 WRS.** Days 21 Hours 11 Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) HOUSEWIFE **10b. KIND OF BUSINESS OR INDUSTRY** AT HOME **11. BIRTHPLACE** (City and State or Foreign Country) NEAR MANHATTAN, KANSAS **12. CITIZEN OF WHAT COUNTRY?** U. S. A.

**13a. FATHER'S NAME** UNKNOWN WIEST **13b. MOTHER'S MAIDEN NAME** UNKNOWN **14. NAME OF HUSBAND OR WIFE** DR. J. W. ROSS JOSS

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or date of service) **16. SOCIAL SECURITY NO.** NONE **17. INFORMANT'S SIGNATURE OR NAME** PAUL T. ROSS, JR. **ADDRESS** 6101 SWOPE PKWY. K.C. MO.

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** Cerebral thrombosis **INTERVAL BETWEEN ONSET AND DEATH** 4 days  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
**ANTECEDENT CAUSES**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Pneumonitis, left lower  
**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death. 332 X  
10 days

**19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES  NO

**21a. INCIDENT** (Specify) Accident **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) **21e. INJURY OCCURRED** WHILE AT WORK  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?**

**22. I hereby certify that I attended the deceased from** 2/11/56, 1956, to 2/21/56, 1956 that I last saw the deceased alive on 2/21/56, 1956 and that death occurred at 11:40 P.M., from the causes and on the date stated above.

**23a. SIGNATURE** E. L. Slentz (Degree or title) **23b. ADDRESS** 315 Nichols Rd., K.C. Mo. **23c. DATE SIGNED** Feb. 23, 1956

**24a. BURIAL, CREMATION, REMOVAL** (Specify) CREMATION **24b. DATE** FEB. 24, 1956 **24c. NAME OF CEMETERY OR CREMATORY** D. W. NEWCOMER'S SONS **24d. LOCATION** (City, town, or county) (State) KANSAS CITY MISSOURI

**DATE REC'D BY LOCAL REG.** 2-24-56 **REGISTRAR'S SIGNATURE** Neva Marshall **25. FUNERAL DIRECTOR'S SIGNATURE** D. W. Newcomer's Sons **ADDRESS** 3301 BAYVIEW CREEK KANSAS CITY, MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

FILED MAR 14 1956

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60-4474d

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Basil V. Honea*

Licensed Embalmer No. *472*

P. O. Address *K.C., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.