

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. .... REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Leeper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Leeper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>	c. LENGTH OF STAY (In this place) <u>30</u>	c. CITY OR TOWN <u>Carthage</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Cune Brooks</u>		e. STREET ADDRESS (If rural, give location) <u>1039 Valley St 0443</u>	

3. NAME OF DECEASED (Type or Print) <u>LEONA GRACE ROSS</u>	a. (First) <u>LEONA</u>	b. (Middle) <u>GRACE</u>	c. (Last) <u>ROSS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-21, 1956</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 12, 1890</u>	9. AGE (In Years last birthday) Months Days <u>65 5 9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>B. J. Kennedy</u>	13b. MOTHER'S MAIDEN NAME <u>Viola Keller</u>	14. NAME OF HUSBAND OR WIFE <u>Joy Ross</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joy Ross</u>	ADDRESS <u>1039 Valley St Carthage Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Thrombosis</u> <u>Hypertension</u>		
	DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Pyelitis chronic</u>	<u>5 yrs.</u>
		<u>Kidney stones in both kidneys</u>	<u>5 yrs.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>33ix</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 29 19 47, to Feb. 21, 19 56, that I last saw the deceased alive on Feb. 20, 19 56, and that death occurred at 12:05A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Wauke</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Carthage, Missouri</u>	23c. DATE SIGNED <u>2-22-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 24 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wm. Burns</u>	24d. LOCATION (City, town, or county) (State) <u>Newton County</u>
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DATE REC'D BY LOCAL REG. <u>2-23-56</u>	REGISTRAR'S SIGNATURE <u>Ely Clinton</u>	139	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilkes Bros</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

