

No. 300  
10. 48

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9503**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 66

1. PLACE OF DEATH  
a. COUNTY Jasper

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

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage

c. CITY OR TOWN Carthage

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hosp.

e. STREET ADDRESS (If rural, give location) 807 S. Garrison

3. NAME OF DECEASED  
a. (First) Katherine b. (Middle) Cornell c. (Last) Ross

4. DATE OF DEATH March 18, 1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 10-26-1894

9. AGE (In years last birthday) 61

IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 2 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) Carthage, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME H. M. Cornell

13b. MOTHER'S MAIDEN NAME Sabra Tewksberry

14. NAME OF HUSBAND OR WIFE C. Hermon Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. Hermon Ross, Carthage, Mo.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cancer of left lung.

INTERVAL BETWEEN ONSET AND DEATH 6 mo.

\*This does not mean the mode of dying, such as heart failure, ashenia, 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.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy of adrenals

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION 163x

20. AUTOPSY YES  NO

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) (Min.) none

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 June, 1955, to Mar 18, 1956 that I last saw the deceased alive on Mar 18, 1956 and that death occurred at 4:30p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George H. Wood MD

23b. ADDRESS Carthage Mo

23c. DATE SIGNED 3/18/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-21-56

24c. NAME OF CEMETERY OR CREMATORY Park Cemetery

24d. LOCATION (City, town, or county) (State) Carthage, Mo.

DATE REC'D BY LOCAL REG. 3-19-56 REGISTRAR'S SIGNATURE E.H. Clifton

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home, Carthage, Mo.

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

1390

RECEIVED MAR 30 1956  
Jasper County Health Office

County File Number 6-3-271  
Date Filed MAR 30 1956

MAR 30 1956

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 William A. Fulk

Licensed Embalmer No. 465

P. O. Address Centerville

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.