

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. White 4341

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN <u>Brookfield</u>		c. CITY OR TOWN <u>Brookfield</u>	
c. LENGTH OF STAY (In this place)		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>204 Market</u>		e. STREET ADDRESS (If rural, give location) <u>204 Market 0587</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ALLENE</u> c. (Last) <u>ROSS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July-14-1956</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>Mar-2-1897</u>
9. AGE (If years last birthday) <u>58</u>		10. IF UNDER 1 YEAR: Days <u>4</u> Hours <u>12</u> Mins. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Brookfield Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Allen Roberts</u>		13b. MOTHER'S MAIDEN NAME <u>Millie</u>	
13c. NAME OF HUSBAND OR WIFE <u>Wm Ross</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>491-28-1846</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Wm Ross</u>		ADDRESS <u>Brookfield Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Debility</u>  ANTECEDENT CAUSES Morbid conditions, such as heart failure, due to (b) <u>Metastatic Carcinoma (all abdominal viscera).</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Carcinoma of the left lower extremity</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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.)		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 <u>Feb. 1, 1953</u> , to <u>July 14, 1956</u> , that I last saw the deceased alive on <u>July 14, 1956</u> , and that death occurred at <u>3:25 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John W. White</u> (Degree or title)		23b. ADDRESS <u>Brookfield, Mo.</u>	
23c. DATE SIGNED <u>July 17, 1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-16-56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-19-56</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>	
25. GENERAL DIRECTOR'S SIGNATURE <u>W. B. Blacklock</u>		ADDRESS <u>Brookfield Mo</u>	

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

1167-0

DEC 11 1958

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 *J. H. Blacklock*

Licensed Embalmer No. *224*

P. O. Address *Brookfield*

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.