FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2382

Registration District No. 292 Primary Registration District No. 4435 Registrar's No.

1. PLACE OF DEATH a. COUNTY Ralls,	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls,
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perry, Mo. Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Perry, Mo. 0870 Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Perry, Mo. Length of stay in 1b 20Yrs	d. STREET ADDRESS (If outside, give location) Perry, Mo. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CLARENCE Middle C. Last ROSS

4. DATE OF DEATH: Month Day Year Jan 28, 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Oct 20, 1877

9. AGE (In years last birthday): 69 IF UNDER 1 YEAR Months 2 Days 8 IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (City and state or country): Farber, Missouri 0

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

13. FATHER'S NAME: Simmion Ross.

14. MOTHER'S MAIDEN NAME: Nancy Tribue

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

16. SOCIAL SECURITY NO.: 488-24-8235

17. INFORMANT: Stella V. Ross Address: Perry, Mo.

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocarditis
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4222

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 21, to Jan. 28 and last saw ~~her~~ him alive on Jan 28
Death occurred at 7:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. T. Swan D.O. 2

22b. ADDRESS: Perry, Missouri.

22c. DATE SIGNED: 1-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-30-57

23c. NAME OF CEMETERY OR CREMATORY: Lickcreek Cemetery

23d. LOCATION (City, town, or county) (State): Perry, Missouri.

24. FUNERAL DIRECTOR: Clyde L. Wiesey ADDRESS: Perry, Mo.

25. DATE RECD. BY LOCAL REG.: 1-30-57

26. REGISTRAR'S SIGNATURE: Clyde L. Wiesey.

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

267

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clyde C. Willey

Licensed Embalmer No...382

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.