

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7237**

FILED MAR 12 1957

BIRTH NO. _____ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **3075** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		c. CITY OR TOWN Dexter 1081	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 Railroad crossing		e. STREET ADDRESS (If rural, give location) 1102 East Stoddard	

3. NAME OF DECEASED (Type or Print)	a. (First) Jenkins	b. (Middle) Elliot	c. (Last) Ross	4. DATE OF DEATH (Month) (Day) (Year) March 2, 1957
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5. SEX Male	6. COLOR OR RACE Cauc. <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <i>1</i>	8. DATE OF BIRTH July 25, 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 7 Days 7	IF UNDER 11 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Calloway County, Ky. <i>1</i>	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME James Ross	13b. MOTHER'S MAIDEN NAME Rhodie Scott	14. NAME OF HUSBAND OR WIFE Gertie Ross
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Gertie Ross, Dexter, Mo.	ADDRESS
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Struck by train and killed instantly		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		802X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 35	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) E. Stoddard St.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dexter, Missouri 193
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-2-57 6:52 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by train
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:52 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Marsh Withen	(Degree or title) Coroner	23b. ADDRESS Dexter, Missouri	23c. DATE SIGNED 3-7-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-4-57	24c. NAME OF CEMETERY OR CREMATORY Malden Memorial Park	24d. LOCATION (City, town, or county) (State) Malden, Missouri
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DATE REC'D BY LOCAL REG. 3-8-57	REGISTRAR'S SIGNATURE Delma V. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey	ADDRESS Dexter, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

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