

FILED OCT 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35547  
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 302 Registrar's No. 184

300  
-57/

1. PLACE OF DEATH a. COUNTY <b>Grandy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Trenton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Mt. MORIAH</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>901 E 6th St.</b>		Length of stay in lb <b>1 day</b>	d. STREET ADDRESS (If outside, give location) <b>418</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Elizabeth BLACK ROSS</b>			4. DATE OF DEATH Month Day Year <b>Oct. 19 1957</b>			
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 30, 1881</b>	9. AGE (In years last birthday) <b>76</b>	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
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10a. FEMALE OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>POLASKI CO. MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Hugh BLACK</b>	13b. MOTHER'S MAIDEN NAME <b>Pearcy Smith</b>	14. NAME OF HUSBAND OR WIFE <b>John Ross Trenton, Mo.</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>John Ross Trenton, Mo.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>instantly</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) <b>arteriosclerotic myocarditis</b>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <b>Oct 19, 1957</b> to <b>Oct 19, 1957</b> and last saw her alive on <b>Oct 19, 1957</b> Death occurred at <b>11:00 p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>E. L. Clark M.D.</b>	22b. ADDRESS <b>Trenton, Mo.</b>	22c. DATE SIGNED <b>10-21-57</b>
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23a. NAME OF CEMETERY OR CREMATORY <b>Lloyd Cem.</b>	23b. DATE <b>10/20/57</b>	23c. LOCATION (City, town, or county) <b>Mt. MORIAH</b>	(State) <b>MO.</b>
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24. FUNERAL DIRECTOR <b>J. Gordon BLACKMORE Trenton</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>10/21/57</b>	26. REGISTRAR'S SIGNATURE <b>J. Gene JAW</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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Dr. CLARK

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 *Harold H Roberts* .....

Licensed Embalmer No. *4920* .....

P. O. Address *Trenton, me.*

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.