

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43712**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **33** PRIMARY REG. DIST. NO. **3010** Registrar's No. **111**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Bloomfield</b>	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 <b>S. East Missouri Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>-----</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b>	b. (Middle) <b>Gerald</b>	c. (Last) <b>Ross</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 28, 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 18, 1908</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b>10</b> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Supervisor, Bennett Whse. Co.</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Brynumville, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Peter F. Ross</b>	13b. MOTHER'S MAIDEN NAME <b>Lottie Bartholomew</b>	14. NAME OF HUSBAND OR WIFE <b>Irma Ross</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>499-12-0465</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Irma Ross, Bloomfield, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Infarct</b>		<b>5 min</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Polycythemia Vera</b>		<b>years?</b>
	DUE TO (c) <b>Right Heart Failure</b>		<b>2 wks</b>
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **12-20, 1957**, to **12-28 1957**, that I last saw the deceased alive on **12-28 1957**, and that death occurred at **5:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles T. Sabin M.D.</b>	23b. ADDRESS <b>Cape Girardeau Mo</b>	23c. DATE SIGNED <b>1/2/58</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 31-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bloomfield cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bloomfield, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1-9-58</b>	REGISTRAR'S SIGNATURE <b>Elizabeth Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CHILES UND. CO. BLOOMFIELD, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

440

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
& **Lulu Cooper # 3499** ~~XXXXXXXXXXXXXXXXXX~~  
by me, or by ..... Student Embalmer No. ....  
~~working under my personal supervision.~~

Student .....  
Signature of Student Embalmer  
Signed *Juan B. Cooper*  
Licensed Embalmer No. **4119**  
Bloomfield, Mo  
P. O. Address .....

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.