

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

1411

116

FILED JAN 27 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

|  |                                  |   |  |   |   |
|--|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> . b. COUNTY <b>Jackson</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Independence</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St Joseph Hospital</b>   |                                  | Length of stay in lb<br><b>1 Day.</b>   | d. STREET ADDRESS (If outside, give location)<br><b>1356 Kingshighway</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>WILLARD R. ROSS</b>   |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>Jan. 4, 1958</b>  |   |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Dec. 15, 1890</b>   | 9. AGE (In years last birthday)<br><b>67</b>                | FUNDER 1 YEAR IF UNDER 24 HRS.<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during past 12 months)<br><b>Ret police officer</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Police Dept.</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Linn Co. Mo.</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |
| 13a. FATHER'S NAME<br><b>Charles Ross</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown.</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Modena Ross</b>           |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No.</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>495010-7225</b>   |  | 17. INFORMANT Address<br><b>Jack Ross Independence, Mo.</b> |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b>  |                                  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1-2 hrs.</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerotic Heart Disease</b>   |                                  |   |  |   | <b>5-6 years</b>  |
| DUE TO (c) <b>Senescent Arteriosclerosis</b> <b>4:00</b>   |                                  |   |  |   | <b>undetermined</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Diabetic mellitus</b>  |                                  |   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |   |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  |                                  |   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 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 <u>2-21-56</u> to <u>1-4-58</u> and last saw her alive on <u>1-3-58</u><br>Death occurred at <u>1-4-58</u> <u>6:15</u> A m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>S Robert T Nigro MD</b>   |                                  |   | 22b. ADDRESS<br><b>1222 McGee, Kansas City, Mo</b>   |   | 22c. DATE SIGNED<br><b>1-6-58</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>1/6/58</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Grantville Cemetery</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>Near Purdin, Mo.</b>                          |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Hill Funeral Home Brookfield, Mo.</b>   |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>1-8-58</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>newminshall</b>   |

(Licensed Embalmer's Statement on Reverse Side)

300 0  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

E. Robert Nigro

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 ..... *William L. Kelsey* .....

Licensed Embalmer No. *4225* .....

P. O. Address ..... *Jude 740* .....

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.