

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3524

STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 854

300  
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>SULLIVAN</u> 28 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PARK LANE HOSP.</u>		Length of stay in lb <u>1 WEEK</u>	d. STREET ADDRESS (If outside, give location) <u>SAPPINGTON BRIDGE RD</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>STELLA CECILIA ROSS</u>			4. DATE OF DEATH Month Day Year <u>JAN 21 1958</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 20, 1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINE OPR.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AUTOMOTIVE</u>	9. AGE (In years last birthday) <u>52</u> 4 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN EDWARD KEARNEY</u>		13b. MOTHER'S MAIDEN NAME <u>ARRIKIA GRIFFITH</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM H. ROSS</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-14-5562</u>	17. INFORMANT Address <u>W.H. ROSS SULLIVAN, MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Intestinal obstruction</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: (a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>5705</u>
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.) <u>5705</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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>1-14-58</u> , to <u>1-21-58</u> and last saw her alive on <u>1-21-58</u> Death occurred at <u>1:45 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Carl Smith MD</u>		22b. ADDRESS <u>4930 Lindell Blvd.</u>	22c. DATE SIGNED <u>1-23-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>BURIAL</u>	<u>JAN 24, 1958</u>	<u>I.O.O.F. CEMETERY</u>	<u>SULLIVAN, MO.</u>
24. FUNERAL DIRECTOR <u>H. Eaton Sullivan, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 24 '58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>

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 .....HARRISON W. EATON....., Student Embalmer No. 555..... working under my personal supervision.

Student

Harrison W. Eaton  
Signature of Student Embalmer

Signed

J. A. Dempsey

Licensed Embalmer No. 4772.....

P. O. Address Sullivan, J. N.

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.