Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024422
STATE FILE NUMBER

FILED JUN 26 1958 Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Wayne
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Piedmont — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home 1229 S Main — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Wayne
c. CITY OR TOWN: Piedmont — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1229 S Main — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Ronald Middle: Monro Last: Ross

4. DATE OF DEATH: Month: June Day: 19 Year: 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] / DIVORCED [ ]
8. DATE OF BIRTH: April 23-1900
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months: 1 Days: 23 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer
10b. KIND OF BUSINESS OR INDUSTRY: General Practice
11. BIRTHPLACE (City and state or country): Jackson, Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Francis Ross
13b. MOTHER'S MAIDEN NAME: Chestine Deret
14. NAME OF HUSBAND OR WIFE: Marie Christna Ross

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): War 1 & 2
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Marie Ross Address: Piedmont, Mo.

MEDICAL CERTIFICATION

Item 18, II added by 6/30/58

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH: 2 Weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic asthma — Dont Know
DUE TO (c): General Debility 241X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):
Reported V.A.Hosp. St. Louis had diagnosed as Chronic Nephritis & heart disease of long standing.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] none
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): none
20c. TIME OF INJURY: Hour a.m. p.m. none — Month, Day, Year: none
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
20f. CITY, TOWN, OR LOCATION: none — COUNTY — STATE

21. I attended the deceased from June 17. 1958, to June 18th 1958 and last saw him alive on June 18th 6 p.m.
Death occurred at — on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Gary W Cable D.O. (Degree or title)
22b. ADDRESS: Piedmont Mo.
22c. DATE SIGNED: 6-19-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 6-23-58
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory
23d. LOCATION (City, town, or county): St Louis (State): Mo

24. FUNERAL DIRECTOR: William Cooper — ADDRESS: Piedmont Mo
25. DATE RECD. BY LOCAL REG.: June 23, 1958
26. REGISTRAR'S SIGNATURE: Hazel Ward

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUN 30 1958
JUL 10 1958
JUL 1 1958
JAN 13 1967

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 Coder Funeral Home, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, M

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.