

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-023941

JUL 8 1959 366

Registration District No. 366 Primary Registration District No. 6244 Registrar's No. 56

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Washington</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <u>Missouri Washington</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Union Township</u>		Length of stay in 1b	c. CITY OR TOWN <u>Union Township</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>11 Miles No. Of Potosi</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Sophia Susan Ross</u>			4. DATE OF DEATH Month Day Year <u>July 4. 1959</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8-12-1871</u>	9. AGE (last birthday) <u>87</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Washington Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Osia</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Coleman</u>		14. NAME OF HUSBAND OR WIFE <u>Frank E. 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.	17. INFORMANT Address <u>Charles Ross Cadet Rt. 1 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>Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)		
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year					
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>Oct 5 years July 4, 1959</u> to <u>July 4, 1959</u> and last saw her <u>live on July 4, 1959</u> Death occurred at <u>4:20 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Dr. Crenwell</u>			22b. ADDRESS <u>Potosi Mo.</u>		22c. DATE SIGNED <u>7/6/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7,7,1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Joachims Cemetery</u>		23d. LOCATION (City, town, or county) <u>Old Mines Mo.</u>		(State)
24. FUNERAL DIRECTOR ADDRESS <u>Arthur W. Smith Potosi Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>7-6-59</u>	26. REGISTRAR'S SIGNATURE <u>Mae Burford, deputy</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or~~ by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Ch. Boyer

Licensed Embalmer No. 4158

P. O. Address Potosi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.