URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 25 1959

59–033152
STATE FILE NUMBER

MENDED

Registration District No. 240 Primary Registration District No. 4358 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY New Madrid b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lilbourn — Length of stay in 1b: 49 yrs. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Inside Limits Yes ☒ No ☐	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid c. CITY OR TOWN Lilbourn — Inside Limits Yes ☒ No ☐ d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First George Middle Melton Last Ross

4. DATE OF DEATH: Month September Day 14 Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-13-74

9. AGE (last birthday): 84

IF UNDER 1 YEAR: Months 10 Days 2 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Kentucky

12. CITIZEN OF WHAT COUNTRY: U. S.

13a. FATHER'S NAME: Melton Henry Ross

13b. MOTHER'S MAIDEN NAME: Fannie Decker

14. NAME OF HUSBAND OR WIFE: Christine Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Christine Ross — Address: Lilbourn, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremic Coma — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 Sept 10-59, to Sept 13-59 and last saw ~~her~~ him alive on Sept 13-59

Death occurred at 9:10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. E. Jones (Degree or title) MD

22b. ADDRESS: Lilbourn Mo

22c. DATE SIGNED: Sept 15 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept 15, 1959

23c. NAME OF CEMETERY OR CREMATORY: Mounds Park Cemetery

23d. LOCATION (City, town, or county) (State): Lilbourn, Mo.

24. FUNERAL DIRECTOR ADDRESS: Ponder Funeral Home-Lilbourn, Mo.

25. DATE REC'D. BY LOCAL REG.: 9-15-59

26. REGISTRAR'S SIGNATURE: H. L. Ponder Deputy

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 5030

P. O. Address _____

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