

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040583

FILED VS NOV 23 1959

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 255

UNDECEASED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: "Residence before admission")	
a. COUNTY Jackson	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prairie Twp.	a. STATE Missouri	b. COUNTY Jackson
Length of stay in lb 2 yrs.		c. CITY OR TOWN Lee's Summit Mo Prairie Twp.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 10E & 50 Hi-Way		d. STREET ADDRESS (If outside, give location) 10-E & 50 Hi-Way	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First Alfreda	Middle Ross	Last Ross	Month Nov.	Day 10,
5. SEX Female		6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 17, 1869
9. AGE (last birthday) 92		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Ohio	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Biest		
13b. MOTHER'S MAIDEN NAME Ellen Patter		14. NAME OF HUSBAND OR WIFE Wm. Ross (Dec.)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Gene Lear, Lee's Summit, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 1 hr. 10 yrs.
IMMEDIATE CAUSE (a)	Coronary Vascular Accident	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Arteriosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Brain Laceration		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 checked="" 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 Nov 9, 1959 to Nov 10, 1959 and last saw her alive on Nov 9, 1959
Death occurred at Nov 10, 1959 - 6 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William J. Bell M.D.		22b. ADDRESS Lee's Summit, Mo		22c. DATE SIGNED 11-10-1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 11, 1959	23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	23d. LOCATION (City, town, or county) (State) Moberly, Mo.	
24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home, Lee's Summit, Mo.		25. DATE RECD. BY LOCAL REG. 11-10-1959	26. REGISTRAR'S SIGNATURE J. B. Langsford	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 13 1960

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 D. B. Longford Jr

Licensed Embalmer No. 496

P. O. Address Leicester

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.