

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041298

FILED VS. DEC 8 1959

280

Primary Registration District No.

Registrar's No.

81

STATE FILE NUMBER

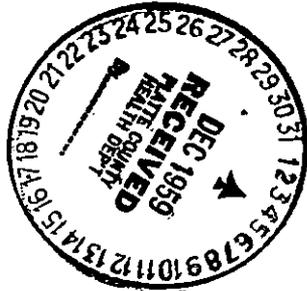
UNRECORDED

1. PLACE OF DEATH a. COUNTY Platte			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Platte		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weston		Length of stay in life entire life		c. CITY OR TOWN Weston Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Roy Middle Fredrick Last Ross			4. DATE OF DEATH Month Nov. Day 23 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-28-83	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and state or country) Weston, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME C. J. Ross		13b. MOTHER'S MAIDEN NAME Nannie B. Foley		14. NAME OF HUSBAND OR WIFE Elva Layton	
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 Address Mrs. Elva Ross, Weston, Missouri		
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 circulatory failure Sudden death. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Angina pectoris (coronary insufficiency) 5 yrs. DUE TO (c) Chronic myocaraitis 5 yrs.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obesity in early life					PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input 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"/> XXXXXXXXXXXXX	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) XX:XXXXXXXXXX			
20c. TIME OF INJURY Hour Month, Day, Year a.m. XXXXXXXXXXXXX		XXXXXXXXXXXXX			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXXXXXXXXXXX	20f. CITY, TOWN, OR LOCATION Weston Platte County Mo.		COUNTY STATE
21. I attended the deceased from May, 25, 1959 to Nov. 23, 59 and last saw him alive on Nov. 10, 59 Death occurred at 10 am on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Lewis C. Colter M.D.</i> (Degree or title)			22b. ADDRESS Weston Missouri		22c. DATE SIGNED 11-25-59
23a. BURIAL, CREMATION REMOVAL (Specify) Burial	23b. DATE 11-25-1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Bethel Cemetery		23d. LOCATION (City, town, or county) (State) Weston, Missouri	
24. FUNERAL DIRECTOR Vaughn Funeral Home Weston, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 11-25-1959	26. REGISTRAR'S SIGNATURE <i>Bphia Rollins</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF



SEP 24 1962

MS
DEC 20 1960

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Mo

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.