

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004733

FILED VS JAN 25 1960

328

Registration District No. 3073

Registrar's No. 2

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY SCOTT			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHAFFEE		Length of stay in 1b 20 min.	c. CITY OR TOWN CHAFFEE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 121 W. YORKUM AVE.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 212 HELEN AVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle ABRA Last ROSS			4. DATE OF DEATH Month JAN. Day 9, Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH JUNE 27 1900	9. AGE (last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER (RET.)	10b. KIND OF BUSINESS OR INDUSTRY LUMBER	11. BIRTHPLACE (City and state or country) DEXTER, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William MARTIN ROSS		13b. MOTHER'S MAIDEN NAME JANE ODOM		14. NAME OF HUSBAND OR WIFE Does Not Apply	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII	16. SOCIAL SECURITY NO. 494-01-8522	17. INFORMANT Address HAROLD ROSS - MEMPHIS, TENN.			

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
IMMEDIATE CAUSE (a) Coronary thrombosis			10 MIN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Atherosclerosis		5 yrs.
	DUE TO (c) Rheumatic heart disease		
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 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 Dec. 17, 1955 to March 7, 1959 and last saw him alive on March 7, 1959 Death occurred at 10:06 AM (1/9/60) on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H. A. Schreyer DO. (Degree or title)			22b. ADDRESS Chaffee, Missouri		22c. DATE SIGNED 1/10/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN. 11, 1960	23c. NAME OF CEMETERY OR CREMATORY UNION PARK CEMETERY		23d. LOCATION (City, town, or county) CHAFFEE MISSOURI	(State)
24. FUNERAL DIRECTOR Bisplinghoff Funeral Home	ADDRESS CHAFFEE, MO.	25. DATE RECD. BY LOCAL REG. Jan-11-1960	26. REGISTRAR'S SIGNATURE Mrs Fred Bisplinghoff		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 5

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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.