JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 22 1960 53

60-010186
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3010 Registrar's No. 119

NDED

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Length of stay in 1b: 27 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Francis Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cape Girardeau
c. CITY OR TOWN Cape Girardeau — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 924 Giboney — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Arthur Middle Russell Last Ross
4. DATE OF DEATH: Month March Day 15 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 16, 1878
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Construction Worker
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (City and state or country): Charlotte, N.C.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Bessie 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.: None
17. INFORMANT: Bessie Ross — Address: 924 Giboney Cape Girardeau, 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) ~~Bronchopneumonia~~ — INTERVAL BETWEEN ONSET AND DEATH: ~~[illegible]~~
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerbrovascular Thrombosis — 1 day
DUE TO (c) Cerebral Arteriosclerosis — unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1) Hypertensive cardiac vascular disease, 2) Arterionephrosclerosis Bronchopneumonia
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 for about 2 years to ___ and last saw ~~her~~ him alive on 3/15/60
Death occurred at 3:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Gerald M. Hoxworth (Degree or title) M.D.
22b. ADDRESS 24 N. Sprigg Street Cape Girardeau, Missouri
22c. DATE SIGNED 3/17/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-17-1960
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.
24. FUNERAL DIRECTOR: Ford + Sons — ADDRESS: Cape Girardeau, Mo.
25. DATE RECD. BY LOCAL REG.: 3-19-60
26. REGISTRAR'S SIGNATURE: Irene Karten

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER MAR 22 1960 MAR 24 196

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 _____ Signed W. J. Ford

Signature of Student Embalmer

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau

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.