

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 5 1960

-60-041425

INDEXED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 402

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY, MO.</u>		c. CITY OR TOWN <u>JEFFERSON CITY MO.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CHARLES STILL HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>821. E Elm</u>	

3. NAME OF DECEASED (Type or print) First <u>Heice</u> Middle <u>Ross</u> Last <u>Ross</u>			4. DATE OF DEATH Month <u>nov.</u> Day <u>29</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/1/95</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>28</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paper Hanger</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Versailles, Mo.</u>	

13a. FATHER'S NAME <u>Sam H Ross</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Meadows</u>		14. NAME OF HUSBAND OR WIFE <u>Lou Ella Babgy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes War 1</u>		16. SOCIAL SECURITY NO. <u>486-18-2658</u>		17. INFORMANT <u>Mrs Lou Ella Ross J C Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Natural Causes - Exact Cause Unknown</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
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. <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.) <u>Man died suddenly @ 601 Lafayette St.</u>	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u>Jefferson City, Mo. - Rushed to Charles E. Still Hospital + pronounced dead on arrival.</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>601 Lafayette St. Jefferson City, Mo.</u>	20f. CITY, TOWN, OR LOCATION <u>Jefferson City Cole - Mo.</u>	COUNTY STATE
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			

22. SIGNATURE (Degree or title) <u>Alvin Schuch, Coroner Cole County</u>		22b. ADDRESS <u>1436 Green Berry Road</u>		22c. DATE SIGNED <u>2/2/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/8/2/60</u>	23c. NAME OF CEMETERY <u>National</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>	
24. FUNERAL DIRECTOR <u>Sylvester Rulle</u>		ADDRESS <u>C Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2 December 1960</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Darrin, MD - N. Ricket</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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

Student _____
Signature of Student Embalmer

Signed Lybester Dulle

Licensed Embalmer No. 432

P. O. Address Jefferson

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.