URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 22 1960

-60-042609

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 162

ENDED

1. PLACE OF DEATH
a. COUNTY LACLEDE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEBANON — Length of stay in 1b 4 Mos
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 122 Maple Drive — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY LACLEDE
c. CITY OR TOWN LEBANON — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 122 Maple Drive — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MARGARET Middle ANN Last ROSS
4. DATE OF DEATH Month NOV Day 9 Year 1960
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 29 JUN 80
9. AGE (last birthday) 80 — 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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (City and state or country) ADAIR, MO.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME PATRICK BREEN
13b. MOTHER'S MAIDEN NAME ANN NONNING
14. NAME OF HUSBAND OR WIFE MILO 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 Address MRS EARL WHITEAKER - LEBANON, 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
IMMEDIATE CAUSE (a)	CORONARY THROMBOSIS	6 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CARDIAC DECOMPENSATION	30/Min
DUE TO (c)	CARDIAC DILATATION	3/yrs

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. ☐ 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 7/25/1960 to 11/9/1960 and last saw her/him alive on 11/9/1960
Death occurred at 7:10 a.m. 11/9/1960 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. F. Bohrer D.O.
22b. ADDRESS Lebanon, Missouri.
22c. DATE SIGNED 11-9-1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov 11 1960
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F Cem.
23d. LOCATION (City, town, or county) (State) HURDLAND, MO

24. FUNERAL DIRECTOR ADDRESS Kidwell Funeral Home - Versailles, Mo
25. DATE RECD. BY LOCAL REG. 11-12-1960
26. REGISTRAR'S SIGNATURE Della L. Day

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Gene R. Barlow

Signature of Student Embalmer

Licensed Embalmer No. 4021

P. O. Address Versailles, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.