

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004475

STATE FILE NUMBER

AMENDED

Registration District No. 1 FILED VS FEB 27 1961

Primary Registration District No. 3000 Registrar's No. 46

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Length of stay in 1b <u>15 days</u>	c. CITY OR TOWN <u>La Plata</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Grim-Smith Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MATILDA</u> Middle <u>ELIZABETH</u> Last <u>ROSS</u>			4. DATE OF DEATH Month <u>Febraary</u> Day <u>13</u> Year <u>1961</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-7-79</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	9. AGE (last birthday) <u>81</u> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
11a. BIRTHPLACE (City and state or country) <u>Macon County, Missouri</u>		11b. CITIZEN OF WHAT COUNTRY <u>United States</u>	
13a. FATHER'S NAME <u>Bob Magers</u>		13b. MOTHER'S MAIDEN NAME <u>P. ANN Blessing Magers</u>	
14. NAME OF HUSBAND OR WIFE <u>Melvin Henry Ross, Dec.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	
16. SOCIAL SECURITY NO. <u>-- None</u>		17. INFORMANT <u>Hospital Records</u> Address <u>Kirksville, 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>Myocardial infarction</u> DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Hypertensive cardiovascular disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>5:30</u> 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 <u>1-30-61</u> to <u>2-13-61</u> and last saw her <u>alive</u> on <u>2-13-61</u> Death occurred at <u>5:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>P. E. Hilton, M.D.</u>		22b. ADDRESS <u>Kirksville, Mo.</u>	
22c. DATE SIGNED <u>2-20-61</u>		22d. LOCATION (City, town, or county) (State) <u>La Plata, MO</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-15-61</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>La Plata, MO</u>	
24. FUNERAL DIRECTOR <u>Ralph E. Pollock, La Plata, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 23, 1961</u>	
26. REGISTRAR'S SIGNATURE <u>Doris W. Pettif</u>			

P. E. HILTON, M.D.

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. H. McCallister

Licensed Embalmer No. 2052
P.O. Address Smith Gifford

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.