

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-009750

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 92

FILED VS MAR 16 1961

1. PLACE OF DEATH
 a. COUNTY Marion
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal Length of stay in lb 1 month
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Marion
 c. CITY OR TOWN Palmyra Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) R. R. # 3 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
ETHEL JULIA BROSS
 4. DATE OF DEATH Month Day Year
February 22, 1961

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7/10/1890 9. AGE (last birthday) 70
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE (City and state or country) Milton, Illinois 12. CITIZEN OF WHAT COUNTRY United States

13a. FATHER'S NAME Albert C. Gillespie 13b. MOTHER'S MAIDEN NAME Matilda Pease 14. NAME OF HUSBAND OR WIFE Paul E. Bross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. --- 17. INFORMANT Address Paul R. Bross, Palmyra, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 5 hour
 DUE TO (b) Coronary artery disease 2-3 yr
 DUE TO (c) _____
 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)
 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 1950 to Feb 22, 1961 and last saw her alive on Feb 21, 1961
 Death occurred at 6:05 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS Palmyra Mo 22c. DATE SIGNED 3/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 2/24/61 23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery 23d. LOCATION (City, town, or county) (State) Palmyra, Missouri

24. FUNERAL DIRECTOR ADDRESS Josh Selwitz - Hannibal, Mo 25. DATE RECD. BY LOCAL REG. Mar 10-1961 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

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

Jack Schwartz

Licensed Embalmer No. 4900

P. O. Address Hanover, N.H.

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.