SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-041866

TMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 241

FILED DEC 11 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville — Length of stay in 1b ----
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1009 North Fillmore — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Maryville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 802 East Second — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CHARLIE Middle LEVI Last ROSS

4. DATE OF DEATH Month 12 Day 8 Year 61

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7/2/86

9. AGE (last birthday) 75 — 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) Collector - retired

10b. KIND OF BUSINESS OR INDUSTRY Collecting

11. BIRTHPLACE (City and state or country) Nodaway Co., Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Levi Tillman Ross

13b. MOTHER'S MAIDEN NAME Ellen Gaskill

14. NAME OF HUSBAND OR WIFE Nellie Bliss 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.

17. INFORMANT Address Mrs. Nellie Ross, Maryville, 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) acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic heart
DUE TO (c) disease

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 1960, to 12/8/61 and last saw ~~her~~ him alive on Jan. 9-61
Death occurred at 9:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H C Bauman M. D.

22b. ADDRESS Maryville, Mo.

22c. DATE SIGNED 12-8-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 12/11/61

23c. NAME OF CEMETERY OR CREMATORY Oak Hill

23d. LOCATION (City, town, or county) (State) Maryville, Missouri

24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville, Mo.

25. DATE RECD. BY LOCAL REG. 12 9 61

26. REGISTRAR'S SIGNATURE Bess Hall

(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_____ Signed Clem M. Price

Signature of Student Embalmer

Licensed Embalmer No. 1822

P. O. Address Maryville

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.