

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041920

STATE FILE NUMBER

AMENDED

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 139

FILED DEC 12 1961

1. PLACE OF DEATH a. COUNTY PERRY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PERRYVILLE		Length of stay in 1b	c. CITY OR TOWN STE. GENEVIEVE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION PERRY COUNTY MEMORIAL HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5 PARK LANE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle VINCENT Last ROSS, SR.			4. DATE OF DEATH Month DECEMBER Day 1 Year 1961			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-27-1899	9. AGE (last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY OWN BUSINESS		11. BIRTHPLACE (City and state or country) PERRYVILLE, MISSOURI	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME NICHOLAS ROSS		13b. MOTHER'S MAIDEN NAME MARY JOSEPHINE TURLIN		14. NAME OF HUSBAND OR WIFE ELSIE HENDERSON		
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 MRS. JOSEPH V. ROSS, SR. STE. GENEVIEVE, MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIO SCLEROTIC HEART DISEASE					INTERVAL BETWEEN ONSET AND DEATH 3 YEARS	
DUE TO (b) INTRACRANIAL EDema, HYPOTONEMIA & UREMIA					2 WEEKS	
DUE TO (c) GENERALIZED ARTERIO SCLEROSIS					5 YEARS	
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"/> N. <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.)				
20c. TIME OF INJURY Hour - Month, Day, Year p.m.						
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 4-16-61 to 12-1-61 and last saw him alive on 11-30-61 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 (Degree or title) J.H. Stanton M.D.			22b. ADDRESS St. Genevieve Mo		22c. DATE SIGNED 12-2-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-23-1961	23c. NAME OF CEMETERY OR CREMATORY CALVARY AT VALLE SPRING	23d. LOCATION (City, town, or county) STE. GENEVIEVE, MO.			
24. FUNERAL DIRECTOR JEROME H. STANTON, STE. GENEVIEVE, MO		ADDRESS	25. DATE RECD. BY LOCAL REG. 12-4-61	26. REGISTRAR'S SIGNATURE Joseph J. Zeller		

DATE AMENDED

INSTEAD OF

NEW NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 13 1961

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 James L. Seibert

Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, MO.

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.