

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

#62-005355  
STATE FILE NUMBER

AMENDED

FILED FEB 19 1962

Primary Registration District No. \_\_\_\_\_ Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Brashear</b>		Length of stay in 1b <b>41 yrs</b>	c. CITY OR TOWN <b>Brashear</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Dortha</b> Middle <b>Ann</b> Last <b>Ross</b>			4. DATE OF DEATH Month <b>Feb</b> Day <b>11</b> , Year <b>1962</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>25 June 1884</b>	9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Adair County</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>George Sullivan</b>		13b. MOTHER'S MAIDEN NAME <b>Lizzie Carter</b>		14. NAME OF HUSBAND OR WIFE <b>John Lewis Ross</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Pearl Ross</b> Address <b>Brashear, Mo</b>		

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) <b>Medullary Failure</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Massive Cerebral Hemorrhage</b>	
DUE TO (c) <b>Generalized Arteriosclerosis</b>		

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 checked="" type="checkbox"/> No <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 _____ 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 **April, 1958** to **Feb., 1962** and last saw her <sup>her</sup> <sub>him</sub> alive on **February 11, 1962**  
Death occurred at **3:00 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Donald P. Heppner</i> (Degree or title) <b>D.O.</b>		22b. ADDRESS <b>800 W. Jefferson, Kirksville, Mo.</b>	22c. DATE SIGNED <b>2/12/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>14 Feb 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Brashear Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Brashear, Mo</b>

24. FUNERAL DIRECTOR <b>HUDSON-RIMER FUNERAL HOME</b> ADDRESS <b>Edina, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>2-14-62</b>	26. REGISTRAR'S SIGNATURE <i>Wesley W. Ratliff</i>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

