

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-011318

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1491

1491

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 2 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF JOHN B. NICHOLS MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in lb <u>2 1/2 YRS.</u>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4007 E. 67th. St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CAMERON MCKENZIE ROSS</u>			4. DATE OF DEATH Month Day Year <u>MARCH 13 1962</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUC.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/8/1894</u>
9. AGE (last birthday) <u>67 YRS.</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dept. of Education U. S. Govt.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. Govt.</u>	11. BIRTHPLACE (City and state or country) <u>CEDARVILLE, OHIO</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>JOHN W. ROSS</u>	
14. MOTHER'S MAIDEN NAME <u>MARY CONLEY</u>		15. NAME OF HUSBAND OR WIFE <u>HARRIETTE ROSS.</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no; or unknown) (If yes, give war or dates of service) <u>YES. W.W.I</u>		17. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral infarction</u> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) _____		19. INTERVAL BETWEEN ONSET AND DEATH	
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"/> No <input type="checkbox"/> Unknown	
20. WAS AUTOPSY PERFORMED? YES <input checked="" 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 Month, Day, Year a.m. 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 <u>MAR. 10, '62</u> to <u>MAR. 13, '62</u> and last saw him alive on <u>MAR. 13 '62</u> Death occurred at <u>2:50 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John B. Nichols M.D.</u> (Degree or title)		22b. ADDRESS <u>4620 Nichols Pkwy. E.S. 12, Mo.</u>	
22c. DATE SIGNED <u>3-14-62</u>		22d. ADDRESS (State) <u>Hyttsville Md.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL.</u>		23b. DATE <u>3-15-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>LINCOLN CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>Hyttsville Md.</u>	
24. FUNERAL DIRECTOR <u>MUEHLEBACH 6800 TROOP K.C.MO.</u>		25. DATE RECD. BY LOCAL REG. <u>3-14-62</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>			

DR. JUSTICE
4620 Nichols Parkway.
JE 1-1500

now → 4 P.M.

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 Danny C. Keane, Student Embalmer No. 647

working under my personal supervision.

Student Danny C. Keane
Signature of Student Embalmer

Signed B. D. Nelson

Licensed Embalmer No. 4421

P. O. Address R.C. 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.