MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-022677
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1008

FILED JUL 2 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 424 E. Sunshine
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE:
b. COUNTY: GREENE
c. CITY OR TOWN: SPRINGFIELD
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 424 E. Sunshine
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First MARION Middle Last ROSS
4. DATE OF DEATH: Month June Day 27, Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/9/1898
9. AGE (last birthday): 64
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): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Willard, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William J. Ross
13b. MOTHER'S MAIDEN NAME: Mollie Watson
14. NAME OF HUSBAND OR WIFE: Never Married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Address: Nannie Ross (Sister) Springfield, 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) Rheumatic Heart Disease with — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Aortic Stenosis — 2 years
DUE TO (c) Chronic Congestive Heart Failure
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.) None
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year None
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 10-11-60, to 6/27/62 and last saw her alive on 6-27-62
Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: W. Barr, M.D. (Degree or title)
22b. ADDRESS: 609 Cherry SPRINGFIELD Mo.
22c. DATE SIGNED: 6/27/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-29-62
23c. NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery
23d. LOCATION (City, town, or county) (State): Greene County, Missouri
24. FUNERAL DIRECTOR: KLINGNER MORTUARY, INC. ADDRESS: SPRINGFIELD Mo.
25. DATE RECD. BY LOCAL REG.: 6-29-62
26. REGISTRAR'S SIGNATURE: Effie E Meeler

jhc

(Licensed Embalmer's Statement on Reverse Side)

DEC 13 1962

JUL 6 1962

permit issued 6-27-62

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 Glen D Williams

Licensed Embalmer No. 4651

P. O. Address Springfield 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.