

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-025967  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 4036 Registrar's No. 139

**FILED AUG 6 1962**

1. PLACE OF DEATH  
a. COUNTY Bates

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Bates

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rich Hill Length of stay in 1b 6 years

c. CITY OR TOWN Rich Hill Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 3rd and Cherry St. Reside on Farm Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3rd and Cherry St Inside Limits Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year

CHARLEY ELIJAH ROSS July 20 1962

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 8/14/04 9. AGE (last birthday) 57

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 10b. KIND OF BUSINESS OR INDUSTRY farming 11. BIRTHPLACE (City and state or country) Rich Hill, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Elijah Ross 13b. MOTHER'S MAIDEN NAME Lucretia Tina 14. NAME OF HUSBAND OR WIFE Mable Ross

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. Mable Ross - Rich Hill, Mo.

18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis 5 years

DUE TO (c) [ ]

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 Rich Hill, Missouri COUNTY STATE

21. I attended the deceased from October 15, 1961 to July 20, 1962 and last saw her/him alive on July 18, 1962

Death occurred at 9:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. O. Bjork, D.O. 22b. ADDRESS Rich Hill, Missouri 22c. DATE SIGNED 7/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 7/23/62 23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery 23d. LOCATION (City, town, or county) Rich Hill, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS Booth Funeral Service - Rich Hill, Mo. 25. DATE RECD. BY LOCAL REG. 7-22-62 26. REGISTRAR'S SIGNATURE Norma Jean Wilson

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 Robert G. Steinfeld

Licensed Embalmer No. 4657

P. O. Address Bethel, 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.