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MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-030444

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 345 STATE FILE NUMBER

FILED SEP 11 1962

1. PLACE OF DEATH
a. COUNTY Cole

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City Length of stay in 1b Life

c. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 228 East Dunklin Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Ina Rufus Ross

4. DATE OF DEATH Month Day Year
August 31 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Aug. 1, 1873 9. AGE (last birthday) 89

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber 10b. KIND OF BUSINESS OR INDUSTRY Barber Shop 11. BIRTHPLACE (City and state or country) Callaway County 12. CITIZEN OF WHAT COUNTRY American

13a. FATHER'S NAME Pleasant B. Ross 13b. MOTHER'S MAIDEN NAME Cythitia Ann Thorp 14. NAME OF HUSBAND OR WIFE Laura Kieselbach 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. None 17. INFORMANT Mrs. Laura Ross, 228 E. Dunklin, J.C. 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) Carcinoma of the esophagus mouth

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. (b) also Generalized arteriosclerosis

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pyloric stenosis due to scarring

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 _____ COUNTY _____ STATE _____

21. I attended the deceased from July 1962 to Aug 31, 1962 and last saw ^{her} him alive on Aug 31, 1962

Death occurred at 10:05 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward W. Brinn M.D. 22b. ADDRESS Jeff. City Mo 22c. DATE SIGNED 9/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Sept. 4, 1962 23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery 23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri

24. FUNERAL DIRECTOR Tanner Funeral Home Inc. J.C. Mo. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 6 September 1962 26. REGISTRAR'S SIGNATURE R. Norris, M.D. Richter, Dep.

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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

OCT 15 1962

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 Omer Howard Jones

Licensed Embalmer No. 4411

P. O. Address Belle Me

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.