

FILED DEC 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38076

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 5716		Registrar's No. 82	
1. PLACE OF DEATH a. COUNTY <i>Moniteau Co.</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - Walker</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>Rural</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <i>06810</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>Maty</i>		b. (Middle) <i>Messenger</i>		c. (Last) <i>Ross</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>		8. DATE OF BIRTH <i>Oct 1 1874</i>	
9. AGE (In years last birthday) <i>80</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>California Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Howard J. Ross</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Wood</i>		14. NAME OF HUSBAND OR WIFE <i>no.</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Victoria Ross</i> ADDRESS <i>California Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocardial Disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4222		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>April 23, 1954</i> , to <i>Nov 22, 1954</i> , that I last saw the deceased alive on <i>Nov 21, 1954</i> , and that death occurred at <i>5:00 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Edgar R. Fiebb M.D.</i> (Degree or title)				23b. ADDRESS <i>California Mo</i>		23c. DATE SIGNED <i>11/22/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Nov 24 - 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>California Mo.</i>	
DATE REC'D BY LOCAL REG. <i>11-25-54</i>		REGISTRAR'S SIGNATURE <i>John P. Poppy</i> 506-		25. FUNERAL DIRECTOR'S SIGNATURE <i>Louise E. Williams</i> ADDRESS <i>California Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No. 353

P. O. Address California

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.