

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002308

FILED VS JAN 17 1961

Registration District No. 224

Primary Registration District No. 5796

Registrar's No. 5

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Moniteau</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>                 |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Walker</u>  |  | Length of stay in lb<br><u>Life</u>   |  | c. CITY OR TOWN <u>California</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>3.5 mi. W. California on U.S. Hwy. 50</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |  | d. STREET ADDRESS <u>3.5 mi. W. on U.S. Hwy. 50</u>   |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>VICTORIA ROSS</u>  |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><u>January 1, 1961</u>  |  |   |  |
| 5. SEX<br><u>Female</u>   |  | 6. COLOR OR RACE<br><u>White</u>  |  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>1-16-1877</u>  |  |
| 9. AGE (last birthday)<br><u>83</u>   |  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  | IF UNDER 24 HR<br>Months Days Hours Min.  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Farmer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Gen. Farming</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>California, Mo.</u>  |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME<br><u>Howard J. Ross</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Sarah Frizzel</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>None</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>None</u>  |  | 17. INFORMANT<br>Address<br><u>Paul Walther, California, Mo.</u>  |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized arterio-sclerosis</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 year</u><br><u>10 years</u>                  |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour a.m. p.m.<br>Month, Day, Year   |  |   |  |   |  |   |  |
| 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>Feb 3, 1954</u> to <u>Jan 1, 1961</u> and last saw her alive on <u>Dec 31, 1960</u><br>Death occurred at <u>SA</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |   |  |   |  |
| 22a. SIGNATURE<br>(Degree or title)<br><u>Kenneth Latham M.D.</u>   |  |   |  | 22b. ADDRESS<br><u>California, Mo</u>   |  | 22c. DATE SIGNED<br><u>1-3-61</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 23b. DATE<br><u>1-3-1961</u>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Masonic Cemetery</u>   |  | 23d. LOCATION (City, town, or county) (State)<br><u>CALIFORNIA, Mo.</u>               |  |
| 24. FUNERAL DIRECTOR<br><u>Hugh E. Williams, California, Mo.</u>  |  | ADDRESS   |  | 25. DATE RECD. BY LOCAL REG.<br><u>1/4/61</u>   |  | 26. REGISTRAR'S SIGNATURE<br><u>Helmut P. Papay</u>                                   |  |

(Licensed Embalmer's Statement on Reverse Side)

**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

*Russell C. Maag*

Licensed Embalmer No.

*4804*

P. O. Address

*California, 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.