

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25739

FILED JUL 18 1950

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Saline</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Marshall</i>		c. CITY (If outside of corporate limits, write RURAL and give township) OR TOWN <i>Slates</i> 0971	
c. LENGTH OF STAY (In this place) <i>3 days</i>		d. STREET ADDRESS (If rural, give location) <i>530 Morse</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Saline County Home</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Robert</i> b. (Middle) <i>Eduard</i> c. (Last) <i>Cross</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>7 8 1950</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>12-29-65</i>
9. AGE (In years last birthday) <i>84</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labourer</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>— — —</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Anemia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>6 days</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) <i>Chronic Nephritis</i>			<i>14w</i> <i>592X</i>
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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>7/4</i> , 1950 to <i>7/18</i> , 1950, that I last saw the deceased alive on <i>7/7</i> , 1950 and that death occurred at <i>11:20a</i> from the causes and on the date stated above.			
23a. SIGNATURE <i>W. H. Williams MD</i> (Degree or title)		23b. ADDRESS <i>Marshall Ave</i>	23c. DATE SIGNED <i>7/10/50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>7-10-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Slater</i>	24d. LOCATION (City, town, or county) (State) <i>Slater Mo.</i>
DATE REC'D BY LOCAL REG. <i>July 10-1950</i>	REGISTRAR'S SIGNATURE <i>Sidney S. Gray</i> 385	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Hill Brothers Slates Mo</i>	

RECEIVED 7-19-50

DISTRICT HEALTH OFFICE No. ?

District File No. \_\_\_\_\_

Date Filed 7-17-50

JUN 7 1950

JUL 8 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Sam M Hill*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 1293

P. O. Address *Platte 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 this body is not embalmed, fact should be so stated above.