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

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **1041**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Elbridge (Rural)	
c. LENGTH OF STAY (In this place) 11 hrs.		d. STREET ADDRESS (If rural, give location) 0530	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital			
3. NAME OF DECEASED (Type or Print) (First) Norman		b. (Middle) Joy	
		c. (Last) Cross	
4. DATE OF DEATH (Month) (Day) (Year) Nov 15, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH May 14, 1928
9. AGE (In years last birthday) 22		IF UNDER 1 YEAR Days 1 IF UNDER 1 Wks. Hours 1 Min. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (State or foreign country) Elbridge, Laclede Co. Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Jess Cross		13b. MOTHER'S MAIDEN NAME Eggie Stevens	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) No	
17. INFORMANT'S SIGNATURE OR NAME Jess Cross		ADDRESS 618 Bridge, Mo	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Secondary shock, severe, undetectable		INTERVAL BETWEEN ONSET AND DEATH 10 hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral concussion, severe			
DUE TO (c) Fracture femur, right, lower third			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Contusion severe, left ribs - possible left lung injury			
19a. DATE OF OPERATION 11/15/50		19b. MAJOR FINDINGS OF OPERATION Fracture right femur.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUBJECT HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., for about home, farm, factory, street, office bldg., etc.) Highway #65	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1 mi south Urbana, Dallas, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 14 50 9^a m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Auto accident		88237 32	
22. I hereby certify that I attended the deceased from 11/14 1950 , to 11/15, 1950 , that I last saw the deceased alive on 11/15, 1950 , and that death occurred at 10:30 m. , from the causes and on the date stated above. PNR			
23a. SIGNATURE William W. Wood		(Degree or title) MD	
23b. ADDRESS 205 St. Louis St.		23c. DATE SIGNED 11/15/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-17-50	
24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24d. LOCATION (City, town, or county) (State) Laclede Co. Mo.	
DATE REC'D BY LOCAL REG. 11-16-50		REGISTRAR'S SIGNATURE W E Handley MD	
25. FUNERAL DIRECTOR'S SIGNATURE Palmer's Funeral Home		ADDRESS Mo	

(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
Student Embalmer

Signed *L R Palmer*

Licensed Embalmer No. *2208*

P. O. Address *Rebavon 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.