

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1027

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 20 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS		2688
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL Holmes			d. STREET ADDRESS (If rural, give location) 4243 JEFFERSON STREET		

3. NAME OF DECEASED a. (First) Miss FERN (Type or Print)		b. (Middle)	c. (Last) CROSS	4. DATE OF DEATH (Month) (Day) (Year) JAN - 2 - 1951		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH April 14, 1904		9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. Coffee Shop		10b. KIND OF BUSINESS OR INDUSTRY Hotel President		11. BIRTHPLACE (State or foreign country) La Cygne Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME William Cross		13b. MOTHER'S MAIDEN NAME Dora Buck		14. NAME OF HUSBAND OR WIFE ---	
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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. 495-07-8267	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dora Cross 4243 Jefferson St.		
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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) Generalized Abdominal Carcinomatosis ANTECEDENT CAUSES Carcinoma of Ovary Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Ovary DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 1 year 16 mo. 175x
19a. DATE OF OPERATION 6-3-50		19b. MAJOR FINDINGS OF OPERATION Carcinoma of ovary with metastases to ovary			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 **5-24, 1950**, to **Jan 2, 1951**, that I last saw the deceased alive on **Jan 1, 1951**, and that death occurred at **2:00A.m.**, from the causes and on the date stated above.

23a. SIGNATURE Walter Cummins (Degree or title) MD.		23b. ADDRESS 1612 Prof. Bldg.		23c. DATE SIGNED 1-2-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-4-51	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cem.	24d. LOCATION (City, town, or county) (State) Council Groves, Kans.	
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DATE REC'D BY LOCAL REG. 1-4-51	REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO.	
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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
Student Embalmer

Signed Basil P. Honey

Licensed Embalmer No. 4724

P. O. Address Ashland, 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.