

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

40691

FILED DEC 17 1951

BIRTH NO. .... REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1267

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>54-67-5 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wooddale</u>		1
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>			d. STREET ADDRESS (If rural, give location) <u>Rural</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>V.</u> c. (Last) <u>CROSS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10 - 51</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>not given</u>	9. AGE (in years last birthday) <u>53</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>not given</u>		13b. MOTHER'S MAIDEN NAME <u>not given</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Clarence Cross</u>	
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clarence Cross north 25th mo.</u>			
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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) <u>Huntington chorea</u>			INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>				
	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 <u>355X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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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) (m.)	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 Sept 19, 1951, to Dec 10, 1951, that I last saw the deceased alive on Dec. 10, 1951, and that death occurred at 11:50 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Forrest Thomas M.D.</u>	23b. ADDRESS <u>St. Joseph Mo. State Hosp no 2</u>	23c. DATE SIGNED <u>12/10-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 13, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Public Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 14, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Heischlager St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117  
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APR 15 1932

**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 *Albert E. Farrington*

Licensed Embalmer No. *22571*

P. O. Address *St Joseph 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.