

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25485

State File No. ....

LED JUL 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3031 Registrar's No. 77

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1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>Lexington</u>		c. CITY OR TOWN <u>Lexington</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>109 1/2 South 10th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>109 1/2 South 10th St</u>		e. STREET ADDRESS (If rural, give location) <u>109 1/2 South 10th St.</u>	

3. NAME OF DECEASED (Type or Print) <u>Luviaia</u>	a. (First)	b. (Middle) <u>Cross</u>	c. (Last)	4. DATE OF DEATH <u>July 12, 1953</u>	(Month)	(Day)	(Year)
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 24, 1886</u>	9. AGE (in years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>18</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Benjamin Crabtree</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Green</u>	14. NAME OF HUSBAND OR WIFE <u>Wilburn Cross</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wilburn Cross</u>	ADDRESS <u>Lexington, Missouri.</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		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis &amp; glaucoma</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 7/12/53, to 7-12, 1953, that I last saw the deceased alive on 7/12/53, and that death occurred at :30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ben H. Brasher M.D.</u>	(Degree or title)	23b. ADDRESS <u>Lexington, Mo.</u>	23c. DATE SIGNED <u>7/17/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 15, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maahpalah</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>7-20-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. E. E. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. ...</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Palmer*

*1911*

**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 *[Signature]* \_\_\_\_\_

Licensed Embalmer No. *2983* \_\_\_\_\_

P. O. Address *Delington, Missouri* \_\_\_\_\_

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.