

300  
48

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30354

FILED SEP 24 1954

BIRTH NO.		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 146				
1. PLACE OF DEATH a. COUNTY <u>Sturdy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u>				b. COUNTY <u>Harrison</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Strenton</u>			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Belman City</u>			OR TOWN <u>0410</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>						
3. NAME OF DECEASED a. (First) <u>Albert</u>			b. (Middle) <u>Bert</u>		c. (Last) <u>Cross</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 11 1954</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2-10-1876</u>		9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR Months <u>7</u> Days <u>1</u>	11. UNDER 1 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Shafter B. Cross</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen McGee</u>			14. NAME OF HUSBAND OR WIFE <u>Nancy Wiley</u>				
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 <u>Raymond Cross</u>				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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by firearm self-inflicted</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) _____ DUE TO (c) _____						
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Atherosclerosis</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. CITY, TOWN, OR TOWNSHIP <u>Belman City</u>		COUNTY <u>Harrison</u>		STATE <u>Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>SEPT 8 1954 3:00 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self Inflicted wound caused by firearm</u>						
22. I hereby certify that I attended the deceased from <u>SEPT 8</u> , 1954, to <u>SEPT 11</u> , 1954, that I last saw the deceased alive on <u>SEPT 11</u> , 1954, and that death occurred at <u>3:30 P. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Joseph M. Quinlan M.D.</u>				23b. ADDRESS <u>Strenton Mo</u>		23c. DATE SIGNED <u>SEPT 12, 1954</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Springer</u>		24d. LOCATION (City, town, or county) <u>Harrison Co.</u>		STATE <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-13-54</u>		REGISTRAR'S SIGNATURE <u>Irene Fair</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hays</u>				ADDRESS <u>Bethany Mo.</u>	

(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 MBH

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.