

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34564**

FILED NOV 1 - 1954

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

BIRTH NO. _____		REG. DIST. NO. <u>191</u>		PRIMARY REG. DIST. NO. <u>5702</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>			
b. CITY OR TOWN <u>Highway 36</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>CAMERON</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles East Breckenridge, Mo.</u>				f. STREET ADDRESS (If rural, give location) <u>Cornhill 025/9</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>S</u>		c. (Last) <u>CROSS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-8-54</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Sept 29 - 1887</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>No Record</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA Cross</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>498-24-5323</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LENN Cross CAMERON Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion of brain</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) _____				INTERVAL BETWEEN ONSET AND DEATH <u>Few Minutes</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured Ribs, Fractured Skull, Fractured R. femur</u>				<u>Few Minutes</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Hiway 36</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Breckenridge, Linn, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Aug 8 '54 5 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Head on collision</u>			
22. I hereby certify that I attended the deceased from <u>None</u> , to _____, 19____, that I looked <u>certified</u> the deceased died <u>Aug 8, 1954</u> , and that death occurred at <u>5 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Coroner) (Degree or title) <u>Joseph G. Conrad M.D.</u>				23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>Oct. 21 - 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>8-10-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAEL 400</u>		24d. LOCATION (City, town, or county) (State) <u>CAMERON Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-25-1954</u>		REGISTRAR'S SIGNATURE <u>Leola D. Guiny</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u>		ADDRESS <u>Cameron</u>	

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.....
Signature of Student Embalmer

Signed *Gabriel F. Polard*.....

Licensed Embalmer No. *472*
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P. O. Address *Camden*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.