

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40064

State File No.

FILED JAN 4 1955

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 88

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).	
a. COUNTY Barton	a. STATE Missouri		
b. CITY (If outside corporate limits, write RURAL and give township) Lamar	b. COUNTY Barton		
c. LENGTH OF STAY (in this place) 5 years		c. CITY (If outside corporate limits, write RURAL and give township) Lamar	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If rural, give location) 805 Truman	

3. NAME OF DECEASED (Type or Print)	a. (First) FRED	b. (Middle)	c. (Last) CROSS	4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 18, 1875	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher	10b. KIND OF BUSINESS OR INDUSTRY Retail Grocery Store	11. BIRTHPLACE (State or foreign country) Prairie City, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Henry E. Cross	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Vogt	14. NAME OF HUSBAND OR WIFE Maude Cross
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred Cross	ADDRESS Lamar, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary attack		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) DR Goodwin Barton
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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?
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22. I hereby certify that I attended the deceased from Dec 1, 1954, to Dec 29, 1954, that I last saw the deceased alive on Dec 1, 1954, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) DR Goodwin M.D.	23b. ADDRESS Lamar, Mo.	23c. DATE SIGNED 12-27-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 27, 1954	24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	24d. LOCATION (City, town, or county) (State) Lamar, Mo.
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DATE REC'D BY LOCAL REG. DEC 27 1954	REGISTRAR'S SIGNATURE Marie Konantz	25. FUNERAL DIRECTOR'S SIGNATURE Chiles Funeral Home, Lamar, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Friedman

JAN 4 195E

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 *Charles H. Clark*

Licensed Embalmer No. *3473*

P. O. Address *Lamar 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.