

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 24 1955

State File No. 8688

3036
175
Registrar's No. 3036

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. _____		Registrar's No. 3036	
1. PLACE OF DEATH a. COUNTY LAWRENCE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LAWRENCE			
b. CITY OR TOWN AURORA		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN AURORA 055		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 325 WEST LOCUST				e. STREET ADDRESS (If rural, give location) 325 WEST LOCUST ST			
3. NAME OF DECEASED (Type or Print) a. (First) VICTORIA b. (Middle) ELLEN c. (Last) MACKAY			4. DATE OF DEATH (Month) (Day) (Year) March 14-1955				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Feb 22-1877		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) Madison County MO		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME HENRY CROSS			13b. MOTHER'S MAIDEN NAME POKKY JOHNSON		14. NAME OF HUSBAND OR WIFE DECEASED		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Mackay, Remille Calif.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute lymphatic leukemia					INTERVAL BETWEEN ONSET AND DEATH 5 weeks	
	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"/>	
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) Aurora MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 2-15, 1955, to 3-14, 1955, that I last saw the deceased alive on 2-14, 1955, and that death occurred at 11:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.D. [Signature]			23b. ADDRESS 215 W. Madison Aurora MO			23c. DATE SIGNED 11/15/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 20-55	24c. NAME OF CEMETERY OR CREMATORY Maple Park		24d. LOCATION (City, town, or county) (State) Aurora MO		
DATE REC'D BY LOCAL REG. 3-22-55		REGISTRAR'S SIGNATURE 157 Ora Mc Natt		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Aurora MO	

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

1951 7 2 4021

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 myself, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Oliver L. Marsh

Licensed Embalmer No. 381

P. O. Address Quincy, Ill.

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.