

STANDARD CERTIFICATE OF DEATH

14932

FILED JUN 6 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 26

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|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Chariton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Keytesville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Keytesville</u> | |
| c. LENGTH OF STAY (In this place) <u>All her life</u> | | d. STREET ADDRESS (If rural, give location) <u>507-South Water St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>507-South Water St.</u> | | d. STREET ADDRESS (If rural, give location) <u>507-South Water St.</u> | |
| 3. NAME OF DECEASED a. (First) <u>Anna</u> | | b. (Middle) <u>M.</u> | |
| c. (Last) <u>Cross</u> | | 4. DATE OF DEATH <u>May 23rd, 1955</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Black</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>Jan. 4th, 1880</u> |
| 9. AGE (In years last birthday) <u>75</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Keytesville, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Sam Agee</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jennie Powell</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>G.W. 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>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Sammie Fristoe</u> ADDRESS <u>Keytesville, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular-renal syndrome heart failure</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. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4/42X</u> | |
| 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) | |
| 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 <u>February, 1949</u> , to <u>May 23, 1955</u> , that I last saw the deceased alive on <u>May 20, 1953</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Carl C. Meyer (M.D.)</u> | | 23b. ADDRESS <u>Keytesville, Mo.</u> | |
| 23c. DATE SIGNED <u>5/23/55</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>May 25, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Keytesville, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u> ADDRESS <u>Keytesville, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>5-26-55</u> | | REGISTRAR'S SIGNATURE <u>...</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 24 1955

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 ^{MS} by

working under my personal supervision.

Student Embalmer No.

Signed

H. D. Gammitt

Signed.....
Student Embalmer

Licensed Embalmer No.

3046

P. O. Address

Key results

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.