

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **23094**

BIRTH NO.		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 5902		Registrar's No. 133			
1. PLACE OF DEATH a. COUNTY Permisat				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MO b. COUNTY Permisat					
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Hayh		c. LENGTH OF STAY (in this place) 13 days		c. CITY OR TOWN Permal		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 1 1/2 mi. Northwest Hayh mo					
3. NAME OF DECEASED (Type or Print) a. (First) BOBBY b. (Middle) WANG c. (Last) CROSS			4. DATE OF DEATH (Month) (Day) (Year) 8-1-55						
5. SEX male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 7-18-55			
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Hayh MO		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Robert Cross			13b. MOTHER'S MAIDEN NAME Samella Fride			14. NAME OF HUSBAND OR WIFE			
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.		17. INFORMANT'S SIGNATURE OR NAME 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) Immaturity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 776x				INTERVAL BETWEEN ONSET AND DEATH 13 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 Aug 1955 , to Aug 1955 , that I last saw the deceased alive on Aug 1955 , and that death occurred at 4 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John H. Herman				23b. ADDRESS Cambridge mo		23c. DATE SIGNED 8/1/55			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-1-55		24c. NAME OF CEMETERY OR CREMATORY Wagon		24d. LOCATION (City, town, or county) (State) Hayh MO			
DATE REC'D BY LOCAL REG. 8-1-55		REGISTRAR'S SIGNATURE John H. Herman		25. FUNERAL DIRECTOR'S SIGNATURE W. Smith		ADDRESS Hayh MO			

(Licensed Embalmer's Statement on Reverse Side)

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

8-231-55

AUG 11 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.