

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29119
Registrar's No. 506

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4057

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gulin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Broseley	
d. FULL NAME OF HOSPITAL OR INSTITUTION Faith Tabernacle Church		d. STREET ADDRESS (If rural, give location) Rte. 1	
3. NAME OF DECEASED a. (First) CHESTER b. (Middle) ---- c. (Last) CROSS			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 11, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 11, 1911
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months 8 Days 0	IF UNDER 12 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Butler County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Cross	
13b. MOTHER'S MAIDEN NAME Ella Sanders		14. NAME OF HUSBAND OR WIFE Mary Cross	
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. 497-18-2105	
17. INFORMANT'S SIGNATURE OR NAME Mary Cross		ADDRESS Broseley, Mo. Rte. 1	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH _____ 2. ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4201 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Governor John W. Brown		23b. ADDRESS Capital Building	
23c. DATE SIGNED 9/14-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 14, 1955	
24c. NAME OF CEMETERY OR CREMATORY Browns Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Broseley, Mo. Rte. 1	
DATE REC'D BY LOCAL REG. 9/20/55		REGISTRAR'S SIGNATURE R. M. [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home		ADDRESS Campbell, Mo	

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

RECEIVED
SEP 26 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

JAN 26 1956

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 *Christina M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, Mo.*

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.