

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1246

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE Missouri-- b. COUNTY carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN Carrollton	
c. LENGTH OF STAY (in this place) 7yrs.		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 State Hospital No. 2			
e. STREET ADDRESS (If rural, give location) --			

3. NAME OF DECEASED (Type or Print) Joe	a. (First)	b. (Middle)	c. (Last) Cross	4. DATE OF DEATH Nov. 22, 1955	(Month) (Day) (Year)
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 9, 1893	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 48 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 15 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farm work	11. BIRTHPLACE (City and State or Foreign Country) Carroll County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Freeman M. Cross	13b. MOTHER'S MAIDEN NAME Lou Kilgore	14. NAME OF HUSBAND OR WIFE none
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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 Mary Frocke Hale, Missouri	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days
	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. 331x		

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)
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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?
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22. I hereby certify that I attended the deceased from Nov. 6, 1955, to Nov. 21, 1955, that I last saw the deceased alive on Nov. 21, 1955, and that death occurred at 8:00am., from the causes and on the date stated above.

23a. SIGNATURE J. H. Morroway	(Degree or title?) M.D.	23b. ADDRESS St. Joseph, Mo. State Hospital # 2	23c. DATE SIGNED Nov. 22, 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 24, 1955	24c. NAME OF CEMETERY OR CREMATORY Kirksville College	24d. LOCATION (City, town, or county) (State) Kirksville, Mo.
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DATE REC'D BY LOCAL REG. Nov 28, 1955	REGISTRAR'S SIGNATURE Katherine M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE Clark	ADDRESS Clark Funeral Home St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed.....
Emma Clark

Licensed Embalmer No. 425

P. O. Address *St. James*

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.