

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24301

STATE FILE NUMBER

FILED AUG 8 - 1956

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 72

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Aurora		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 225 W. Tyndal			Length of stay in lb 11 Yrs.		d. STREET ADDRESS 225 W. Tyndal		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM EMORY CROSS				4. DATE OF DEATH Month Day Year July 27, 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sent, 6, 1862		9. AGE (In years last birthday) 93	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Cross				14. MOTHER'S MAIDEN NAME Sarah Zerino			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Ted Cross Marionville, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> DUE TO (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) <i>Years</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Chronic Myocarditis</i>							INTERVAL BETWEEN ONSET AND DEATH <i>Instantaneous</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from April 1, 1955 to July 27, 1956 and last saw him alive on July 27, 1956. Death occurred at 9:40 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Bennett L. Kelcey, M.D.</i>				22b. ADDRESS <i>57 N. McHale Ave. Aurora, Mo.</i>		22c. DATE SIGNED <i>July 27, 1956</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/29/56	23c. NAME OF CEMETERY OR CREMATORY ROBE Cemetery		23d. LOCATION (City, town, or county) (State) Marionville, Mo.		
24. FUNERAL DIRECTOR <i>Ernie B. Small</i>			ADDRESS AURORA, MO.		25. DATE RECD. BY LOCAL REG. 7-28-56		26. REGISTRAR'S SIGNATURE <i>Ora McNatt</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300 1-56  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 *James D. Craft* \_\_\_\_\_

Licensed Embalmer No. *46*

P. O. Address *Aurora*

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.