

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1715**

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>3030</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FESTUS		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN FESTUS		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 820 Valentine				e. STREET ADDRESS (If rural, give location) 820 VALENTINE			
3. NAME OF DECEASED (Type or Print) a. (First) LONDY		b. (Middle) A		c. (Last) CROSS		4. DATE OF DEATH (Month) (Day) (Year) 1-14-57	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH MAY 21 1892	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAVERN		10b. KIND OF BUSINESS OR INDUSTRY OWNER		11. BIRTHPLACE (City and State or Foreign Country) PLATTIN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN CROSS			13b. MOTHER'S MAIDEN NAME ELIZABETH PATTERSON		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Clinton Cross ADDRESS Festus, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery thrombosis ANTECEDENT CAUSES, Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS None Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Sudden 3 to 4 years	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? 2 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 Aug 13, 1956 , to Jan 14, 1957 , that I last saw the deceased alive on Jan 13, 1957 , and that death occurred at 7:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. J. Mayfield, M.D.				23b. ADDRESS Crystal City, Mo.		23c. DATE SIGNED Jan 15, 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-17-57		24c. NAME OF CEMETERY OR CREMATORY CATHOLIC		24d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MISSOURI	
DATE REC'D BY LOCAL REG. 1-16-57		REGISTRAR'S SIGNATURE Jesse C. Taylor		25. GENERAL DIRECTOR'S SIGNATURE Gen. H. P. Palitte		ADDRESS Crystal City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 23 1957

JAN 30 1957

JAN 10 1957

JAN 31 1957

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 *Emory P. Palitte*.....
Licensed Embalmer No. *348*.....

P. O. Address *Crystal City*.....

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.