

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13562**

FILED MAY 6 - 1957

BIRTH NO.		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 81			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission): a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give RURAL and give township) Rural Prairie		c. LENGTH OF STAY (in this place) 30 days		c. CITY OR TOWN Kansas City		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 Jackson Co. Hosp.				e. STREET ADDRESS (If rural, give location) 4114 Indep. Ave. 2nd					
3. NAME OF DECEASED (Type or Print) a. (First) CHESTER R.			b. (Middle)		c. (Last) CROSS		4. DATE OF DEATH (Month) (Day) (Year) 4 21-1957		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9-20-1880		9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (City and State or Foreign Country) MILLER Co. Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME MILLER CROSS			13b. MOTHER'S MAIDEN NAME MARGARET McMANUS			14. NAME OF HUSBAND OR WIFE Lottie Mae			
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. 497-14-7412		17. INFORMANT'S SIGNATURE OR NAME WALTER CROSS			ADDRESS 9950 E 50th Way Raytown	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) ARTERIOSCLEROTIC Heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200						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 3-21 , 19 57 , to 4-21 , 19 57 , that I last saw the deceased alive on 4-21 , 19 57 , and that death occurred at 2:15 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) David Gibson, M.D.				23b. ADDRESS Johnson County Hosp				23c. DATE SIGNED 4-22-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE APRIL 23, 1957		24c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY		24d. LOCATION (City, town, or county) (State) T. BERIA, MISSOURI			
DATE REC'D BY LOCAL REG. 4-21-1957		REGISTRAR'S SIGNATURE N.B. Langford		25. FUNERAL DIRECTOR'S SIGNATURE C.H. BLACKMAN & SON INC.		ADDRESS K.C., Mo.			

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

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(Licensed Embalmer's Statement on Reverse Side)

APR 8 1958

MAY 3 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..... Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address R. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.