

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14341

State File No. _____

FILED APR 29 1957

BIRTH NO. 24063-57 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Charles</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Saint Charles</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Joseph's Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>117 Pike</u>		<u>0923</u>	
3. NAME OF DECEASED a. (First) <u>Rodney</u> b. (Middle) <u>Wynn</u> c. (Last) <u>Cross</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 15, 1957</u>
9. AGE (in years last birthday) <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Saint Charles, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert Cross</u>	
13b. MOTHER'S MAIDEN NAME <u>Joyce Jones</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Cross, Saint Charles, Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Atelectasis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>76 20</u>	
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)	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 <u>4/15, 1957</u> , to <u>4/17, 1957</u> , that I last saw the deceased alive on <u>4/17, 1957</u> , and that death occurred at <u>9:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul H. Lotter MD</u>		23b. ADDRESS <u>St. Charles, Mo.</u>	23c. DATE SIGNED <u>4/19/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>April 20, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Borromeo Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u>
DATE REC'D BY LOCAL REG. <u>April 19, 1957</u>	REGISTRAR'S SIGNATURE <u>Marcella Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Dallenbach & Son, St. Charles, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

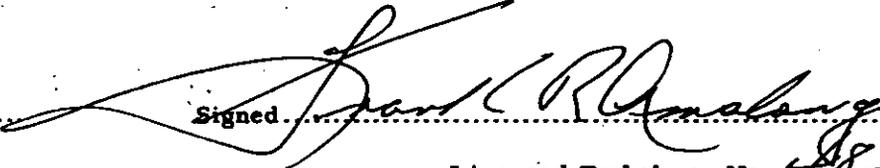
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

540

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.....


Licensed Embalmer No..... 483

P. O. Address..... St. Charles

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.