

FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16712
STATE FILE NUMBER
Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 471-B

S. 300
v. 1-57
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| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR Springfield TOWN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Springfield 0396 0 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1330 Cherry St. | | Length of stay in 1b 50 years | d. STREET ADDRESS (If outside, give location) 683 s. Florence |
| 3. NAME OF DECEASED (Type or print) First FRANCES Middle B. Last CROSS | | 4. DATE OF DEATH Month May Day 15 Year 1957 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 26 Oct. 1875 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) 9 (Unknown) |
| 13a. FATHER'S NAME John R. Young | | 13b. MOTHER'S MAIDEN NAME Mary DeLozier | 14. NAME OF HUSBAND OR WIFE Thomas S. Cross |
| 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 J.W. Young, 1106 Linwood Terrace, Mo. Spfd. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Coronary Occlusion DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 15 Sept 1950 to May 15, 1957 and last saw her alive on 15 May 1957 . Death occurred at 12:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Deponent's title) Stanley A. Peterson M.D. | | 22b. ADDRESS 1211 So. 6th St | |
| 22c. DATE SIGNED 17 May 57 | | 22d. ADDRESS (If different from 22b) _____ (State) _____ | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 17 May 1957 | 23c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery Springfield, Missouri. | |
| 24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Missouri | | 25. DATE RECD. BY LOCAL REG. 5-20-57 | 26. REGISTRAR'S SIGNATURE Carita Williamson |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUN 7 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 *W. Mason*

Licensed Embalmer No. 4568
Springfield,
P. O. Address Missouri.

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.