

FILED MAY 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH19847
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Nevada</u> <u>MO</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nevada Hospital</u>		Length of stay in 1b <u>9 days</u>	d. STREET ADDRESS (If outside, give location) <u>1228 E. Austin St</u>
3. NAME OF DECEASED (Type or print) First <u>Dorothy</u> Middle <u>Clyde</u> Last <u>Cross</u>			4. DATE OF DEATH Month <u>May</u> Day <u>20</u> Year <u>1957</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 25, 1904</u>
9. AGE (In years last birthday) <u>52</u>		10. UNDER 1 YEAR Months <u>10</u> Days <u>5</u>	11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salvage</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Salvage, Rector, Ark.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Eli Cross</u>		13b. FATHER'S MAIDEN NAME <u>Laura Huff</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel E. Cross</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>491-12-978</u>	17. INFORMANT <u>Mrs Ethel Cross</u> Address <u>Nevada, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Don't know</u>			
DUE TO (c) <u>✓</u>			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <u>none</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>No Injury</u>	
20c. TIME OF INJURY <u>none</u>			
20d. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	
20f. CITY, TOWN, OR LOCATION <u>Nevada</u>		COUNTY <u>Vernon</u>	STATE <u>MO</u>
21. I attended the deceased from <u>5/10/57</u> to <u>5/20/57</u> and last saw ^{her} him alive on <u>5/20/57</u> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. P. Love, M.D.</u> (Degree or title)		22b. ADDRESS <u>Nevada, Mo.</u>	22c. DATE SIGNED. <u>5/21/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>May 22, 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Nevada, Vernon, Mo.</u>
24. FUNERAL DIRECTOR <u>Hayes Funeral Service, Inc.</u> <u>Nevada, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5/23-1957</u>	26. REGISTRAR'S SIGNATURE <u>Anna E. Firry</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only stamper when certifying. All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

JUN 5 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 *H.H. Marmaduke*

Licensed Embalmer No. *2070*

P. O. Address *Aruda, 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.