

pt. Health,
, & Welfare
S. Public
lth Service

S. 300
ov. 1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40085
STATE FILE NUMBER

FILED DEC 9 - 1957

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 656

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Vista</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>897 Reside on Farm</u>	
3. NAME OF DECEASED (Type or print) First <u>Floyd</u> Middle <u>Cross</u> Last <u>Cross</u>		4. DATE OF DEATH Month <u>Nov</u> ; Day <u>30</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>May, 21, 1906</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat Cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Store</u>	11. BIRTHPLACE (City and state or country) <u>St; Clair County Mo;</u>
13a. FATHER'S NAME <u>Richard Cross</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Garrison</u>	14. NAME OF HUSBAND OR WIFE <u>Opal Cross</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>497-32-8496</u>	17. INFORMANT Address <u>Opal Cross, Vista Missouri</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>LOBAR PNEUMONIA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ASIAN INFLUENZA</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>RENAL INSUFFICIENCY</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3-DAYS</u> <u>7 DAYS</u>
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.) <u>480X</u>	
20c. TIME OF INJURY .Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 <u>10-15-56</u> to <u>11-30-57</u> and last saw him alive on <u>11-30-57</u> Death occurred at <u>12:01 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. L. Shipman D.O.</u> (D, M.D. or title)		22b. ADDRESS <u>Osceola Mo.</u>	
22c. DATE SIGNED <u>11-30-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-2-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Osceola</u>		23d. LOCATION (City, town, or county) (State) <u>Osceola Missouri</u>	
24. FUNERAL DIRECTOR <u>Goodnick 7-Home OSCEOLA MO</u>		25. DATE RECD. BY LOCAL REG. <u>12-2-57</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

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.

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 *J.B. Goodrich*

Licensed Embalmer No. *3038*

P. O. Address *Osceola 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.