

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

891

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Morrisville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Spfg. Baptist</b>		d. STREET ADDRESS (If outside, give location) <b>Hwy K Morrisville</b>	
Length of stay in 1b <b>3 Days</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Anna</b> Middle <b>Elizabeth</b> Last <b>Cross</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>5,</b> Year <b>1958</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 18, 1880</b>	9. AGE (In years last birthday) <b>77</b>	10. FUNDER 1 YEAR Months <b>7</b> Days <b>15</b> Hours <b>45</b> Min.	11. IF UNDER 24 HRS. Hours <b>45</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (City and state or country) <b>Wild Cherry, Ark.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Tom Wallace</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Mize</b>	14. NAME OF HUSBAND OR WIFE <b>John M. Cross</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>John M. Cross, Morrisville, Mo.</b> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARDIAC INSUFFICIENCY</b>		INTERVAL BETWEEN ONSET AND DEATH <b>FEW DAYS</b> <b>6 YEARS OR MORE</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>ARTEMOSCELOTIC HEART DISEASE</b>	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

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.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from Death occurred at <b>January 2, 1958 8:25 P.</b> to <b>January 5, 1958</b> and last saw <sup>he</sup> him alive on <b>1/5/58</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <b>Glenn T. Mover, M.D., Springfield, Mo.</b>	22b. ADDRESS	22c. DATE SIGNED <b>1/6/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 8, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Slagle Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Polk County, Mo.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Willard B. Erwin, Bolivar, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1-8-58</b>	26. REGISTRAR'S SIGNATURE <i>Glenn T. Mover</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 29 1958

2071  
DEC 1 1957

MAR 5 1958

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 *Marshall C. Blackwelder*

Licensed Embalmer No. *4713*  
P. O. Address *Bolivar,*

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.