

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025426
STATE FILE NUMBER

FILED JUL 30 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3481

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN</u>		Length of stay in 1b - <u>16 YEARS</u>	d. STREET ADDRESS (If outside, give location) <u>1311 EAST 44th STREET</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>CURTIS</u> Middle Last <u>CROSS</u>			4. DATE OF DEATH Month <u>July</u> Day <u>14</u> Year <u>1958</u>	
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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>AUGUST 4, 1907</u>	9. AGE (In years last birthday) <u>50</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UTILITY MAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>KANSAS CITY POWER & LIGHT</u>	11. BIRTHPLACE (City and state or country) <u>CAMDEN COUNTY, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>JOHN CROSS</u>	13b. MOTHER'S MAIDEN NAME <u>LILLIAN MILLER</u>	14. NAME OF HUSBAND OR WIFE <u>FLOSSIE CROSS</u>
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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>489-248180</u>	17. INFORMANT <u>MRS. FLOSSIE CROSS</u>	Address <u>1311 EAST 44th ST. KANSAS CITY, MO</u>
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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) <u>Brain tumors, metastatic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Carcinoma of colon</u>	<u>2 yrs</u>
	DUE TO (c) _____	<u>15th 8</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <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 June 13 - 58 to July 14 - 58 and last saw her alive on July 14 - 58
Death occurred at 10:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Revis C Lewis M.D.</u>	22b. ADDRESS <u>411 Nichols Rd Kansas City - Mo</u>	22c. DATE SIGNED <u>July 15 - 58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JULY 17 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u>	ADDRESS <u>1331 BRASH CREEK KANSAS CITY, MO</u>	25. DATE RECD. BY LOCAL REG. <u>7-17-58</u>	26. REGISTRAR'S SIGNATURE <u>Nevar Minalhall</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Revis C. Lewis

MEDICAL CERTIFICATION

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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 *Raymond M. Hardy*

Licensed Embalmer No. *4913*

P. O. Address *Indep, 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.