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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006028
STATE FILE NUMBER

FILED FEB 17 1959 Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural (Washington) — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Canine Nursing Home — Length of stay in 1b 1 Wk.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE California b. COUNTY Los Angeles
c. CITY OR TOWN Los Angeles. 8041 8 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 4038 Guardia St. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Barbara Middle Highbarger Last Cross

4. DATE OF DEATH Month Feb. Day 14 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH Nov. 11, 1876
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months 3 Days 3 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (City and state or country) Gilliam, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm B. Highbarger
13b. MOTHER'S MAIDEN NAME Adaline Burton
14. NAME OF HUSBAND OR WIFE Jess Cross.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Jess C Cross Address 7804 C 73 St. KC. 33 Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARCINOMA RECTUM C
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) GENERALIZED METASTISIS
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 3 YRS.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 154X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1956, to 2-14-59 and last saw her/him alive on 2-8-59
Death occurred at 7:45 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) P. C. Quisling and M.D.
22b. ADDRESS 6741 Prospect KC Mo
22c. DATE SIGNED 2-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb. 17, 1959
23c. NAME OF CEMETERY OR CREMATORY Gilliam Mo. Cemetery
23d. LOCATION (City, town, or county) (State) Gilliam Missouri

24. FUNERAL DIRECTOR E. Clark Fegert ADDRESS Raytown Mo
25. DATE RECD. BY LOCAL REG. 2-16-59
26. REGISTRAR'S SIGNATURE Sterling E. Boddard

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

APR 22 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed E. Clark Fegert

Licensed Embalmer No. 3983

P. O. Address Raytown, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.