

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010215

STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 217 Primary Registration District No. 5804 Registrar's No. 14

90
300
1-57

1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MONROE			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN JACKSON TWP.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 6690		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 MI. W. OF PARIS, MO.			Length of stay in lb 9 YRS	d. STREET ADDRESS (If outside, give location) 1 MI. W. OF PARIS, MO.			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES ROBERT CROSS				4. DATE OF DEATH Month Day Year APRIL 7 1959			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH JULY 2 1909	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min. 9 5 - -	IF UNDER 24 HRS. - -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER			10b. KIND OF BUSINESS OR INDUSTRY GENERAL CARPENTER	11. BIRTHPLACE (City and state or country) PARIS, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HARRISON E. CROSS			13b. MOTHER'S MAIDEN NAME LUCILLE FRENCH		14. NAME OF HUSBAND OR WIFE DOROTHY PHILLIPS		
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. 388-18-5213	17. INFORMANT MRS LUCILLE STEPHENS MO.		Address RFD #3 PARIS,		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhagic pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma esophagus-stomach-lymph nodes DUE TO (c) C. a. extension to lung - blood						INTERVAL BETWEEN ONSET AND DEATH 1992	
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.) 1992				
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.							
20d. INJURY OCCURRED WHILE AT WORK <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 11-24-58 to 4-7-59 and last saw him alive on 4-6-59 Death occurred at 1:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Nellis S. Christman M.D.				22b. ADDRESS PARIS, MO.		22c. DATE SIGNED 4/8/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4/9/1959	23c. NAME OF CEMETERY OR CREMATORY SALEM.		23d. LOCATION (City, town, or county) (State) 5 MI. N. OF PARIS, MO.			
24. FUNERAL DIRECTOR E.H. AGNEW SPEED & BLAKEY FUNERAL HOME			ADDRESS PARIS, MO.	25. DATE RECD. BY LOCAL REG. 4-10-59		26. REGISTRAR'S SIGNATURE J. A. Barnett M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *E. M. Agnew*

Licensed Embalmer No. *4000*

P. O. Address *Paris, 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.