THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013070

FILED MAY 11 1959 Registration District No. 137 Primary Registration District No. 3023 STATE FILE NUMBER Registrar's No. 109

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 901 N 2nd St. — Length of stay in lb: Durend Mod.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Henry
c. CITY OR TOWN: Windsor 0420 0 — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): R.F.D. — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: EDWARD Middle: R Last: CROSS

4. DATE OF DEATH: Month: May Day: 1 Year: 1959

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ 2 **WIDOWED** ☑ **DIVORCED** ☐

8. DATE OF BIRTH: Aug 6 1875

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Windsor Mo. 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Y. Cross

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Bridie Cross.

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.: /

17. INFORMANT Address: Moore Nursing Home Clinton Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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): Senility 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

MEDICAL CERTIFICATION

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 9-3-58 to 5-1-59 and last saw her/him alive on 4-30-59
Death occurred at 8:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S.B. Hughes, M.D. 0

22b. ADDRESS: Clinton, Mo.

22c. DATE SIGNED: 5-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: May 3, 1959

23c. NAME OF CEMETERY OR CREMATORY: Laurelcrest

23d. LOCATION (City, town, or county) (State): Windsor Mo.

24. FUNERAL DIRECTOR ADDRESS: B.W. Huston Windsor Mo.

25. DATE RECD. BY LOCAL REG.: 5-3-59

26. REGISTRAR'S SIGNATURE: Mildred Bigum

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 embalme

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed W. L. Downing

Licensed Embalmer No. 5067

P. O. Address Windsor N.

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.