

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS DEC 13 1968 **78**

**-60-044970**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. ~~4522~~ Registrar's No. **54**

1. PLACE OF DEATH a. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mtn. Grove Township</b>	Length of stay in 1b <b>5 yrs.</b>	c. CITY OR TOWN <b>Mtn. Grove</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Route #3</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>Route #3</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Earl XXXXX</b> Middle <b>Victor</b> Last <b>Cross</b>			4. DATE OF DEATH Month <b>Decem</b> Day <b>er</b> 1 Year <b>1960</b>		
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5. SEX <b>Male</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>1-12-1887</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>	11. BIRTHPLACE (City and state or country) <b>Junction City, Kansas</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Isaac Cross</b>	13b. MOTHER'S MAIDEN NAME <b>Lottie Harris</b>	14. NAME OF HUSBAND OR WIFE <b>Violet Cross</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>437 10 3818</b>	17. INFORMANT Address <b>Violet Cross Mtn. Grove, Missouri</b>
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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>Medullary Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 Days.</b> <b>undetermined</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Thrombotic Encephalomalacia &amp; cerebral hemorrhage.</b>	
	DUE TO (c) <b>Advanced Arteriosclerosis</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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 _____
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21. I attended the deceased from <b>Feb 20, 1960</b> to <b>Dec 1, 1960</b> and last saw <sup>her</sup> him alive on <b>Dec 1, 1960</b> Death occurred at <b>12:20 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>Richard J. Mitchem</b> (Degree or title) <b>DO</b>	22b. ADDRESS <b>Mtn Grove, Mo</b>	22c. DATE SIGNED <b>12/3/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-1-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Thomas Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Norwood, Missouri</b>
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24. FUNERAL DIRECTOR <b>Ewell C. Craig</b> ADDRESS <b>Mtn. Grove, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>12-9-1960</b>	26. REGISTRAR'S SIGNATURE <b>Bernice L. Liberman</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lewell C. Craig

Licensed Embalmer No. 4764

P. O. Address Mt. Grove

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.