

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014744
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 79

VS 300
Rev. 4/59

10350
20350

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

DECEASED MAY 8 1962

1. COUNTY Dunklin
 b. CITY (If outside corporate limits, give TOWNSHIP only) Independence Township Length of stay in lb
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kennett, Rt.#2 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Dunklin
 c. CITY OR TOWN Kennett Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Route #2 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Harry Middle Cross Last Cross 4. DATE OF DEATH Month April Day 18 Year 1962
 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11/15/1913 9. AGE (last birthday) 48
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 10b. KIND OF BUSINESS OR INDUSTRY Murray, Ky. 11. BIRTHPLACE (City and state or country) Murray, Ky. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Otis Cross (dec'd) 13b. MOTHER'S MAIDEN NAME Alice Charlton 14. NAME OF HUSBAND OR WIFE Wilma Aline Cross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. unknown 17. INFORMANT Wilma Crites Cross, Kennett, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE: (a) Adrenal Insufficiency INTERVAL BETWEEN ONSET AND DEATH 18 mo.
 DUE TO (b) (unknown cause) @ unknown
 DUE TO (c) Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign prostatic hypertrophy PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 Month, Day, Year
 a.m. p.m.

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 april 17 to april 18 and last saw him alive on april 17-62
 Death occurred at approximately 6:30a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. R. Peck M.D. 22b. ADDRESS Kennett, Mo. 22c. DATE SIGNED 4/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/21/1962 23c. NAME OF CEMETERY OR CREMATORY Oak Ridge 23d. LOCATION (City, town, or county) (State) Kennett Missouri

24. FUNERAL DIRECTOR McDaniel Funeral Ser. Kennett, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 5-1-1962 26. REGISTRAR'S SIGNATURE Carl Lusk

USE BLACK INK OR TYPEWRITER RIBBON

APR 30 1963



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 *Thomas B. Sherry*

Licensed Embalmer No. 4886

P. O. Address Kennett, 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.