

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**65-027583**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 5508 Registrar's No. 171

**FILED JUL 19 1965**

VS 300  
Rev. 4/59

10420  
20420  
3  
4 0  
5 1  
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9420.1  
10  
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1290-2  
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Deepwater Twp</u> Length of stay in 1b <u>1954</u>		c. CITY OR TOWN <u>Deepwater</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Deepwater RFD #2</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R. F. D #2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Glenn Leo Cross</u>			4. DATE OF DEATH Month Day Year <u>7-13-65</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-5-1897</u>
9. AGE (last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Postal Employee</u>	11. BIRTHPLACE (City and state or country) <u>St. Joseph Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>William M Cross</u>	13b. MOTHER'S MAIDEN NAME <u>Alice I. Covert</u>
14. NAME OF HUSBAND OR WIFE <u>Blanche M. Cross</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>487-50-5683</u>		17. INFORMANT Address <u>Blanche M. Cross Deepwater RFD #2</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary paralysis</u> DUE TO (b) <u>pulmonary edema</u> DUE TO (c) <u>Myocardial infarction</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>pulmonary emphysema &amp; cor pulmonale</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>4-hr</u> <u>8-hr</u>
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.)	
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 checked="" 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 <u>Jan. 1965</u> to <u>July 1965</u> and last saw <sup>her</sup> him alive on <u>7/13/65</u> Death occurred at <u>7/13/65 3 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Gamer P. Claus DO</u>		22b. ADDRESS <u>105 E. Ohio Clinton, Mo.</u>	
22c. DATE SIGNED <u>7/14/65</u>		23a. BURLIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>7-15-65</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT Washington</u>	
23d. LOCATION (City, town, or county) <u>HTASAS City Mo</u>		24. FUNERAL DIRECTOR ADDRESS <u>Schaberg Funeral Home S. Second St</u>	
25. DATE RECD. BY LOCAL REG. <u>7-15-65</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Begim</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AUG 26 1965

JUL 27 1965

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 F L Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton, 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.

Permit Obtained 7-15-65