

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 27366

FILED SEP 9 1948

Registration District No. 178Primary Registration District No. 4443Registrar's No. 38

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Huntsville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Depot Street /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Madie Maud Cross3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Yeaman Cross 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased March 24 1875
(Month) (Day) (Year)8. AGE: Years 73 Months 5 Days 10 If less than one day _____ hr. _____ min.9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation housewife

11. Industry or business _____

12. Name John Simpson Minor13. Birthplace Tennessee
(City, town, or county) (State or foreign country)14. Maiden name Mary Ellen Brockman15. Birthplace Don't know / 9
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Herbert Hyde(b) Address Callao, Missouri17. (a) burial (b) Date thereof 9/6/1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Huntsville, Missouri18. (a) Signature of funeral director Tom B. Patton(b) Address 9 Huntsville Mo.19. (a) Sept - 4 - 1948 (b) Dr. H. A. Barnhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88
 (c) City or town Huntsville
 (If outside city or town limits, write "RURAL")
 (d) Street No. Depot Street
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1948 hour 11 minute 30 A. M.21. I hereby certify that I attended the deceased from January 23 1944 to Sept. 3 1948
that I last saw her alive on Sept. 3 1948
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Thrombosis Duration 1 mo.Due to arteriosclerosisDue to myocardial degenerationOther conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations 937

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. H. A. Barnhart (M. D. or other) Dr.Address Huntsville, Mo Date signed 9/4/48

RECEIVED

District Health Officer N

District File Number 948

Date Filed SEP 7 - 1948

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, TN

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 this body is not embalmed, fact should be so stated above.