

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 180

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <i>Boone Mo</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Boone Mo</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Columbia</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Columbia</i>	
c. LENGTH OF STAY (in this place) <i>life</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>1 mi East Columbia</i>		d. STREET ADDRESS (If rural, give location) <i>Route 2</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Charissia</i> b. (Middle) _____ c. (Last) <i>Cross</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>1. 26. 1949</i>	
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5. SEX <i>F. 3</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <i>11. 1915</i>	9. AGE (In years last birthday) <i>33</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Homekeeper</i>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>Boone Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>John Clayborne</i>	13b. MOTHER'S MAIDEN NAME <i>Anna B. Zwickler</i>	14. NAME OF HUSBAND OR WIFE <i>Sandy Cross</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Ruben Clayborne</i>	ADDRESS <i>Columbia Mo</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <i>2</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocarditis, chronic</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Obesity</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from *Jan 1, 1949*, to *Jan 24, 1949*, that I last saw the deceased alive on *Jan 24, 1949*, and that death occurred at *10 Am.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Harry W. Griffith, M.D.</i>	(Degree or title) _____	23b. ADDRESS <i>Columbia Mo</i>	23c. DATE SIGNED <i>1-29-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <i>1-30-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Simpson</i>	24d. LOCATION (City, town, or county) (State) <i>Stephens Mo</i>
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DATE REC'D BY LOCAL REG. <i>Jan. 29 49</i>	REGISTRAR'S SIGNATURE <i>Mrs. R.E. Palmer</i>	31	25. FUNERAL DIRECTOR'S SIGNATURE <i>A. G. Fullen</i>	ADDRESS <i>609 Park Ave</i>
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(Licensed Embalmer's Statement on Reverse Side)

*Columbia Mo*

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JAN 31 1949

**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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed C. L. Freeman

Licensed Embalmer No. 2837

P. O. Address 608 Park Ave. Columbia

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.