No. 306
10.48

FILED JAN 25 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3831

BIRTH NO. 11 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 17

108
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Wash.
c. LENGTH OF STAY (in this place): 3 yr 3 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Stone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Billings
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): ERMA CROSS

4. DATE OF DEATH (Month) (Day) (Year): 1-11-1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Wid Divs
8. DATE OF BIRTH: 10-23-1905
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months 2, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Christian Co, Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jess Melton
13b. MOTHER'S MAIDEN NAME: Mary Cook
14. NAME OF HUSBAND OR WIFE: Dev (Ernest 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.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Hospital record — ADDRESS: Nevada

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Status Epilepticus

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Luetic Meningo Encephalitis

DUE TO (c): ✓

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* ✓

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: no operation
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): none

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* Oct 10, 1943, *to* Jan 11, 1949, *that I last saw the deceased alive on* Jan 10, 1949, *and that death occurred at* 6:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul L Barone MDU
23b. ADDRESS: Nevada Mo
23c. DATE SIGNED: Jan 11/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-11-49
24c. NAME OF CEMETERY OR CREMATORY: Selmore Cemetery
24d. LOCATION (City, town, or county) (State): Selmore Mo

DATE REC'D BY LOCAL REG.: 1-17-49
REGISTRAR'S SIGNATURE: Kathryn H. Yancup
331
25. FUNERAL DIRECTOR'S SIGNATURE: By John Dean Harris — ADDRESS: Clever Mo.

(Licensed Embalmer's Statement on Reverse Side) MAPLES Fun. Home

RECEIVED
District Health Officer No. 7,
District File Number 12-48-1655
Date Filed 1-24-49

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 .....
Student Embalmer

Signed John Dean Harris
Licensed Embalmer No. 4390
P. O. Address Clever, 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 this body is not embalmed, fact should be so stated above.