

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24330

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>92</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>TEXAS</u>			
b. CITY OR TOWN <u>Wagnerville</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY OR TOWN <u>Euclid</u>		107	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wagnerville General</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Allen</u> b. (Middle) <u>Cross</u> c. (Last) <u>Cross</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 29 1950</u>				
5. SEX <u>M. O.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug. 9, 1891</u>		9. AGE (In years last birthday) <u>58</u>	If under 1 year Months <u>1</u>	If under 1 year Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>Euclid, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Cross</u>			13b. MOTHER'S MAIDEN NAME <u>Matha M. Daniels</u>		14. NAME OF HUSBAND OR WIFE		
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>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. John Cross</u>		ADDRESS <u>Euclid, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	INTERVAL BETWEEN ONSET AND DEATH						
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Myocardium</u>						
DUE TO (c) <u>Arterio Sclerosis</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>2317</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7/25</u> , 19 <u>50</u> , to <u>7/29</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7/29</u> , 19 <u>50</u> , and that death occurred at <u>6:25 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm R. Lytle</u> (Degree or title)			23b. ADDRESS <u>Wagnerville Mo</u>			23c. DATE SIGNED <u>7-29-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-1-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>		24d. LOCATION (City, town, or county) (State) <u>TEXAS CO. MO</u>		
DATE REC'D BY LOCAL REG. <u>8-10-50</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>389 Earl D. Elliott</u>		ADDRESS <u>Hoata Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

650

RECEIVED 8/10/50
Pulaski County Health Officer
File Number _____
Date Filed 8/10/50

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.

Signed Frank E. Hood

Signed _____
Student Embalmer

Licensed Embalmer No. 4026

P. O. Address Houston, 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.