

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13231

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>5725</u>		Registrar's No. <u>41</u>			
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Hudson</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Hudson</u>		0610			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeview Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>Lakeview Rest Home</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eliza</u> b. (Middle) <u>Er.</u> c. (Last) <u>Erross</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 21 1951</u>						
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 24 1857</u>		9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Macon Co, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Wright Cross</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Hinton</u>		14. NAME OF HUSBAND OR WIFE <u>William Erross</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Cross</u>		ADDRESS <u>Callao, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Myocardial Infarction + Rehabilitation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>gangrene left foot</u> DUE TO (c) <u>Arteriosclerosis Arterium</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4501</u>					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) m.		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>Jan</u> , 1951, to <u>Mar 21 1951</u> , that I last saw the deceased alive on <u>April 1951</u> , and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>E. L. Duesden</u> (Degree or title)				23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>4/7/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/23/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Concord</u>		24d. LOCATION (City, town, or county) (State) <u>Macon Co Mo.</u>				
DATE REC'D BY LOCAL REG. <u>4/23/51</u>		REGISTRAR'S SIGNATURE <u>Ruth Mcneely</u> 195		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u>		ADDRESS <u>Macon Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 9 1956

RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 5-51-73  
Date Filed 7-30-56

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Thos. J. Bell

Licensed Embalmer No. 4552

P. O. Address Macon, 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.