

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37969

State File No.

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 3036 Registrar's No. 97

551
1

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

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Aurora, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Aurora, MO.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>902 McMATT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>902 McMATT</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Victoria</u> b. (Middle) <u>MELCENA</u> c. (Last) <u>CROSS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 15-1951</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>DEC. 25-1872</u>		9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Days <u>11</u> Hours <u>10</u> 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 <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Christian County</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Timothy MAPLES</u>		13b. MOTHER'S MAIDEN NAME <u>MARIEVIA E. FRAZER</u>		14. NAME OF HUSBAND OR WIFE <u>CHASLEY CROSS</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>Mrs. Phas Greenway, Aurora</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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arterio sclerosis.</u> DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>Year.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</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) (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 Nov. 11, 1951, to Nov. 15, 1951, that I last saw the deceased alive on Nov. 11, 1951, and that death occurred at 6:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>A. B. Coates</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Aurora, Mo.</u>	
23c. DATE SIGNED <u>11-19-51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/18/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FRAZER CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>CLEVELAND RT.</u>					

DATE REC'D BY LOCAL REG. <u>Nov 20 51</u>		REGISTRAR'S SIGNATURE <u>Osra Mc Natt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Gresham</u>	
		ADDRESS <u>Aurora, Mo.</u>			

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 20
11-21-2095
11-29-51

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.....

Myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Brian L. Marsh*

Licensed Embalmer No. *3812*

P. O. Address *Annapolis MD*

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.