

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27434

State File No. ....

SEP 8 - 1952

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

BIRTH NO. ....		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>68</u>		
1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CARROLL</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARROLLTON</u>		c. LENGTH OF STAY (In this place) <u>8 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bosworth 0170</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alwood Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>V.</u> c. (Last) <u>CROSS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26-1952</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-10-1871</u>		9. AGE (In years) (Months) (Days) <u>80 9 16</u>	10. IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Chariton O</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>JAMES CROSS</u>			13b. MOTHER'S MAIDEN NAME <u>Paulina Shirley</u>		14. NAME OF UNCLE OR AUNT <u>Hattie Cross Wife</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Hattie Cross Bosworth 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene, left foot</u>				DUPLICATE OF (a) <u>Arteriosclerosis obliterans</u>				2 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Arteriosclerosis obliterans</u>				DUE TO (c)				2 1/2 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u>								6 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>June</u> , 19 <u>48</u> , to, <u>Aug 26</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Aug 26</u> , 19 <u>52</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Jim H. Platz D.M.S.</u>				23b. ADDRESS <u>Carrollton, Mo</u>		23c. DATE SIGNED <u>8/27/52</u>		
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/28/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Whorton</u>		24d. LOCATION (City, town, or county) (State) <u>Bosworth Mo</u>			
DATE REC'D BY LOCAL REG. <u>9/5/52</u>		REGISTRAR'S SIGNATURE <u>Mrs Verlene Culbert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leipard Edwards</u>		ADDRESS <u>Bosworth Mo</u>		

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, ~~and~~.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed L. L. Leisner.....

Licensed Embalmer No. 3970.....

P. O. Address Mendon Ma.....

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.