

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

FILED FEB 7 1956

State File No. **3585**

BIRTH NO. **54520-55** REG. DIST. NO. **956** PRIMARY REG. DIST. NO. **6206** Registrar's No. **6**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Texas</b>		a. STATE <b>Mo.</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Jackson</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Jackson</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>2 mi W. of Oscar, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>RONNIE</b>	b. (Middle) <b>GENE</b>	c. (Last) <b>CROSS</b>	(Month) <b>1</b>	(Day) <b>31</b>	(Year) <b>56</b>

<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Never married</b>	<b>8. DATE OF BIRTH</b> <b>Sept. 2, 1903</b>	<b>9. AGE</b> (In years last birthday) <b>47</b>	<b>IF UNDER 1 YEAR</b> Months <b>4</b> Days <b>0</b>	<b>IF UNDER 24 HRS.</b> Hours <b>0</b> Min. <b>0</b>
------------------------	----------------------------------	--	--	--	--	--

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during part of working life, even if retired) <b>Baby</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Texas Co Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>
--	--	--	---

<b>13a. FATHER'S NAME</b> <b>Ray Cross</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Beal William</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
--	--	------------------------------------

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Ray Cross, Oscar, Mo.</b>	<b>ADDRESS</b>
---	--------------------------------	---	----------------

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>instant</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>3rd. degree burns over entire body</b>		
	<b>ANTECEDENT CAUSES</b> DUE TO (b) <b>burning of house</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c)		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>16</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>accident</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <b>Jackson twp.</b> (COUNTY) <b>10<sup>th</sup></b> (STATE) <b>Texas, Mo.</b>
---	---	---

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>1-31-56-1:30PM</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>burning of house</b>
--	---	---

**22. I hereby certify that I attended the deceased from** **VIEWER ON 1-31, 1956**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **1:30 p. m.**, from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <b>James Gentry (Crown)</b> (Degree or title)	<b>23b. ADDRESS</b> <b>Abbeol, Mo.</b>	<b>23c. DATE SIGNED</b> <b>2-3-56</b>
---	--	---------------------------------------

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> <b>2-3-56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Waller</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Texas Co Mo.</b>
--	--------------------------------	---	--

<b>DATE REC'D BY LOCAL REG.</b> <b>Feb. 4-56</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Mirvete Craig</b> <b>327-0</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Elliott Funeral Home Houston</b>	<b>ADDRESS</b>
--	--	---	----------------

Mo.

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

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.....

*No Embalming*..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.