

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19565

FILED JUL 2 1956

State File No.

BIRTH NO. 803 85458-5538 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	c. LENGTH OF STAY (In this place) <u>7 day</u>	c. CITY OR TOWN <u>Columbia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hosp. of Missouri</u>		e. STREET ADDRESS (If rural, give location) <u>202 - n 4th St. 010</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Edward</u>	b. (Middle) <u>Maurice</u>	c. (Last) <u>Cross</u>	<u>June 23 1956</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>12-6-55</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia, Mo</u>	
13a. FATHER'S NAME <u>William Hickman</u>		13b. MOTHER'S MAIDEN NAME <u>Goldie Cross</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Goldie Cross</u>		ADDRESS <u>Columbia, Mo</u>
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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>Bronchopneumonia</u>		<u>7 days</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, embolism</u>		

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>-</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>-</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>491X</u>

22. I hereby certify that I attended the deceased from Dec 6, 1955, to June 23, 1956 that I last saw the deceased alive on June 23, 1956 and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23. SIGNATURE <u>Newton E. Rhodes M.D.</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>U. of Missouri, Columbia</u>		23c. DATE SIGNED <u>6-23-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6/25/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Simpson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stephens, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>June 25 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart Parks</u>			ADDRESS <u>Columbia, Mo.</u>

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 emb^{not}
by ~~me~~ or by....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Stuart P. Parker*.....

Licensed Embalmer No. *290*.....

P. O. Address *Columbia*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.