

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38721**
Registrar's No. **236**

FILED DEC 14 1956

REG. DIST. NO. **100**

PRIMARY REG. DIST. NO. **4310**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived institution: residence before admission) a. STATE Mo b. COUNTY Macon	
b. CITY OR TOWN Bevier		c. CITY OR TOWN Bevier	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0610	
3. NAME OF DECEASED (Type or Print) a. (First) Martin b. (Middle) Cross c. (Last) Cross			4. DATE OF DEATH (Month) (Day) (Year) 11-29-56
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-8-80
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Minister	11. BIRTHPLACE (City and State or Foreign Country) Callao Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Richard Cross	13b. MOTHER'S MAIDEN NAME Martha Quinn
14. NAME OF HUSBAND OR WIFE Hallie G. Cross		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. -
17. INFORMANT'S SIGNATURE OR NAME Hallie G. Cross		ADDRESS Bevier	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Metastatic Carcinoma of the Liver - Primary site ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) right kidney DUE TO (c) right kidney 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		180X	
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)	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 1952 , 19 52 , to 11-29-1956 , that I last saw the deceased alive on 11-28-1956 , and that death occurred at 8 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. L. Durbin D.O.		23b. ADDRESS Macon	23c. DATE SIGNED 12-6-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/2/56	24c. NAME OF CEMETERY OR CREMATORY Richardsdale Cem	24d. LOCATION (City, town, or county) (State) Bevier Mo
DATE RECD BY LOCAL REG. 12/7/56	REGISTRAR'S SIGNATURE Keith M. Neely	25. FUNERAL DIRECTOR'S SIGNATURE W. E. Edwards ADDRESS Bevier Mo	

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

850

County File No. 12-56-192
Date Filed 12-12-56

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. S. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Quincy, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.