

FILED MAR 19 1957

STANDARD CERTIFICATE OF DEATH

9781

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RP PLETON CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>20 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>136 S BRIGLTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELLETT, M. HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>J</u> c. (Last) <u>CROSS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 8 - 57</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Aug 30 - 57</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Officer, Atomic Energy Comm</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>CROSS, S. CAROLINA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>ROAM CROSS</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>MATTIE E. 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>496-16-1140</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mattie Cross K.C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DISSECTING ANEURYSM</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 3/4 h</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u>			
DUE TO (c)		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>451X</u>		20. AUTOPSY? <u>1</u> 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)		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 Mar 7, 1957, to Mar 8, 1957, that I last saw the deceased alive on Mar 8, 1957, and that death occurred at 10:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. H. Brownberger MD</u>		23b. ADDRESS <u>Appleton City Mo</u>		23c. DATE SIGNED <u>Mar 9 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar 12, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Kennett Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Osceola Eckhoff</u>		ADDRESS <u>Appleton City Mo</u>	
DATE REC'D BY LOCAL REG <u>Mar 8 1957</u>		REGISTRAR'S SIGNATURE <u>Eles Abney</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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Oscar Eckhoff*

Licensed Embalmer No..... *3942*

P. O. Address..... *Appleton Wis*

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.