

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20594

STATE FILE NUMBER

FILED JUL 1 1957

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY DUNKLIN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MALDEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MALDEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N. EDWARDS ST.		Length of stay in 1b	d. STREET ADDRESS N. EDWARDS ST.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle CROSS Last CROSS			4. DATE OF DEATH Month JUNE Day 3 Year 1957		
5. SEX male 2	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 14, 1896	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY 703-05-6281	11. BIRTHPLACE (City and state or country) AUGUSTA, ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME PETER CROSS			14. MOTHER'S MAIDEN NAME UEESIEN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W. War One		16. SOCIAL SECURITY NO. 703-05-6281	17. INFORMANT Address Mrs. Azell Cross N. Edwards St.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Waters of Sclerotic Heart disease DUE TO (c) Mild Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4200					INTERVAL BETWEEN ONSET AND DEATH Sudden 3 yrs 3 yrs
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour 1:00 Month June Day 3 Year 1957					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan 1st 1957 until I saw her alive on MAY 20th 1957 . Death occurred at Malden Mo on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE S. E. Mitchell M.D. (Degree or title)		22b. ADDRESS Malden Mo		22c. DATE SIGNED 6/4/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 9, 1957	23c. NAME OF CEMETERY OR CREMATORY Stanfield		23d. LOCATION (City, town, or county) (State) Clarkton, Mo.
24. FUNERAL DIRECTOR Day Funeral Home Malden, Mo.		25. DATE RECD. BY LOCAL REG. 6-15-57		26. REGISTRAR'S SIGNATURE G. S. Schuman	

Health, Welfare, Public Service
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All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. **USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE**

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT..... 6-19-
COUNTY FILE NUMBER 657-1

JUL 2
1951

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..... *Raymond L. Bluff*.....

Licensed Embalmer No. 47

P. O. Address *Berme*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.