MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-010066
STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 78

AMENDED

FILED APR 6 1961

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla — Length of stay in 1b: 3 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McFarland Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Phelps
c. CITY OR TOWN Rolla — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 505 East 6th Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROSA Middle (NMN) Last CROSS
4. DATE OF DEATH: Month March Day 25 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-30-77
9. AGE (last birthday): 83 — IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Miller County, Mo.,
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Thompson
13b. MOTHER'S MAIDEN NAME: Eliza Blue
14. NAME OF HUSBAND OR WIFE: Hugh Cross
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): xx
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Fred Cross, St. Louis, Mo., Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral thrombosis — 72 hrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1955, to March 25, 61 and last saw her alive on March 25, 61
Death occurred at 4:05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James M Myers (Degree or title) M.D.
22b. ADDRESS Rolla, Mo.
22c. DATE SIGNED 3/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar. 27, 1961
23c. NAME OF CEMETERY OR CREMATORY: Beulah Cemetery
23d. LOCATION (City, town, or county) (State): Beulah, Phelps, Mo.,

24. FUNERAL DIRECTOR: Null & Son Funeral Home By Paul E. Null — ADDRESS: Rolla
25. DATE RECD. BY LOCAL REG.: Mar. 27, 1961
26. REGISTRAR'S SIGNATURE: Nadine L Stoll

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.