

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-021563**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 345 STATE FILE NUMBER

**FILED JUL 11 1961**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>INDEPENDENCE</b>		Length of stay in 1b <b>61 yrs.</b>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3200 SUN RISE SLOPE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5414 EAST 27th Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>B.</b> Last <b>CROSS</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>29</b> Year <b>1961</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-2-1891</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CONTRACTING</b>	11. BIRTHPLACE (City and state or country) <b>ASHEBORO, N. CAROLINA</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>WILLIAM CROSS</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA LUTHER</b>		14. NAME OF HUSBAND OR WIFE <b>MARY CROSS</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	17. INFORMANT Address <b>Mary Cross, 5414 E. 27th St., Kansas City, Mo</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Fractured Rib - Remarriage into Plural Cavity Pt</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) <b>Retrofertilization - Remarriage</b>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Fell off of Bldg.</b>
20c. TIME OF INJURY Hour <b>6:29</b> a.m. p.m. Month, Day, Year <b>6-29-61</b>		

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Independence</b>	20f. CITY, TOWN, OR LOCATION <b>Jackson</b>	COUNTY <b>MO</b>	STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <b>Alma R. Craig</b>		22b. ADDRESS <b>152 Union Station</b>	22c. DATE SIGNED <b>6-30-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-1-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BROOKINGS CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>RAYTOWN, MISSOURI</b>
24. FUNERAL DIRECTOR <b>GEO. C. CARSON &amp; SONS, INDEPENDENCE, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>7-1-61</b>	26. REGISTRAR'S SIGNATURE <b>Alma R. Craig</b>

DATE ENTERED INSTEAD OF ITEM NO. SHOULD READ BY AFFIDAVIT OF

DOCUMENT MEDICAL CERTIFICATION

JUL 12 1961

### 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 *A. Kenneth Patterson*

Licensed Embalmer No. 4697

P. O. Address Independence

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.