

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-048674**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 4310 Registrar's No. 4

**FILED JAN 14 1964**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0610

2 0610

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12 90-2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bevier</b>		c. CITY OR TOWN <b>Bevier</b>	
Length of stay in 1b		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>Home</b>		d. STREET ADDRESS (If outside, give location) <b>Home</b>	
3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>JACKSON</b> Last <b>CROSS</b>		4. DATE OF DEATH Month <b>Dec.</b> Day <b>24</b> Year <b>1963</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>3/25/1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>finer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mineing</b>	9. AGE (last birthday) <b>68</b>
11a. FATHER'S NAME <b>John Cross</b>		11b. MOTHER'S MAIDEN NAME <b>Clara Purdy</b>	12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <b>John Cross</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs Ella R. Cross</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)		17. INFORMANT <b>Mrs. Ella R. Cross</b> Address <b>Bevier, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>
DUE TO (b) <b>Coronary thrombosis with myocardial infarction</b>			<b>minutes</b>
DUE TO (c) <b>Arteriosclerosis</b>			<b>years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Bronchial asthma</b>			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 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.)	
20c. TIME OF INJURY Hour <b>2:00</b> a.m. p.m. Month, Day, Year <b>June, 1961</b>		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 <b>Bevier, Mo.</b> COUNTY STATE	
21. I attended the deceased from <b>June, 1961</b> to <b>Dec. 24, 1963</b> and last saw him alive on <b>Dec. 23, 1963</b> Death occurred at <b>2:00</b> <b>A</b> .m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Edwards</i>		22b. ADDRESS <b>Bevier, Mo.</b> D.O.	
22c. DATE SIGNED <b>12-30-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-26-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Richardsdale</b>	23d. LOCATION (City, town, or county) (State) <b>Bevier Missouri</b>
24. FUNERAL DIRECTOR <b>Edwards Funeral Home</b> ADDRESS <b>Bevier, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-6-64</b>	26. REGISTRAR'S SIGNATURE <i>Ruth M. Sweeney</i>

JAN 23 1964

**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 Philip E Blam

Licensed Embalmer No. 5182

P. O. Address Macon, Ind

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.