MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049069 STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3054 Registrar's No. 284

FILED DEC 24 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0887
2 0887
3 2
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5 1
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Moberly, Missouri — Length of stay in 1b: 34 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1207 North Morley Street — Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Randolph
c. CITY OR TOWN: Moberly, Missouri — Inside Limits: Yes # No ☐
d. STREET ADDRESS (If outside, give location): 1207 North Morley St — Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First T. Middle M. Last Cross

4. DATE OF DEATH: Month 12 – Day 17 – Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married # Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-17-1886
9. AGE (last birthday): 77 — 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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Furniture Dealer
11. BIRTHPLACE (City and state or country): Macon County Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Richard Cross
13b. MOTHER'S MAIDEN NAME: Martha Burris
14. NAME OF HUSBAND OR WIFE: Etta Cross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Etta Cross Address: 1207 N. Morley Moberly, Mo

18. CAUSE OF DEATH (Enter only one cause per line)

MEDICAL CERTIFICATION

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Fainting & Debilitation	3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Thrombosis	4 months
DUE TO (c)	Arteriosclerosis	not known

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fractured hip 6 months

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 1-5-62 to 12-17-63 and last saw ~~her~~ him alive on 12-16-63

Death occurred at 8:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature]
22b. ADDRESS: Moberly, Mo
22c. DATE SIGNED: 12-20-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-21-1963
23c. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery
23d. LOCATION (City, town, or county) (State): Moberly Randolph Missouri

24. FUNERAL DIRECTOR ADDRESS: Mahan Funeral Service Moberly, Missouri
25. DATE RECD. BY LOCAL REG.: 12/20/1963
26. REGISTRAR'S SIGNATURE: W. Earl White

(Licensed Embalmer's Statement on Reverse Side)

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 Russell W. France

Licensed Embalmer No. 4255

P. O. Address Moberly, Mo

Permit Issued 12-20-65

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.