

FILED MAR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7940

State File No.

BIRTH NO.		REG. DIST. NO. <u>52</u>		PRIMARY REG. DIST. NO. <u>4076</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>				2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CAPE GIRARDEAU</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>GORDONVILLE MO.</u>		c. LENGTH OF STAY (In this place) <u>Wife</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>GORDONVILLE</u>		Mo. <u>0160</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Godfred</u> c. (Last) <u>Cross</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 14, 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Sept. 27, 1895</u>		9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Gordonville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Christian Cross</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA Geirchs</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Cross</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Cross Gordonville, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>					INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>residual Coliculus</u>						
	DUE TO (c)						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>002X</u>	
19a. DATE OF OPERATION <u>July 13, 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Residual Coliculus</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SYNCOPE</u> <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 13, 1948</u> , to <u>Mar. 14, 1950</u> , that I last saw the deceased alive on <u>Mar. 14, 1950</u> , and that death occurred at <u>10 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. G. Ford</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Gordonville, Mo</u>		23c. DATE SIGNED <u>Mar. 16, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 16, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Christ Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>GORDONVILLE, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>Mar 20 50</u>		REGISTRAR'S SIGNATURE <u>D. H. Sulma</u> <u>43</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FORD-YOUNG FUNERAL HOME, Inc.</u>		ADDRESS <u>CAPE GIRARDEAU, MISSOURI</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 27 1950

DISTRICT HEALTH OFFICE No.

File No. 350-432

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
Student Embalmer

Signed Lowell Green Jr

Licensed Embalmer No. 4956

P. O. Address Cape Girardeau

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 this body is not embalmed, fact should be so stated above.