FILED JUN 17 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH

(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

STATE FILE NUMBER **12469 0025685**

DO NOT WRITE ON THIS STUB

9.	0
10a.	85
10b.	
11.	1
12.	2
13.	4109
14.	
15.	4
16.	
17.	
18.	0
19. CREDITS	
20.	1 — 0

VS 300 Rev. 1/68

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 192

4. 0941

5. 01

DECEASED

1. DECEASED—NAME: Malte (FIRST) (MIDDLE) Cross (LAST)
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): June 5, 1969
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY): White
5a. AGE—LAST BIRTHDAY (YEARS): 85
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): January 9, 1884
7a. COUNTY OF DEATH: St. Francois
7b. CITY, TOWN, OR LOCATION OF DEATH: Bonne Terre
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Bonne Terre Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Illinois
9. CITIZEN OF WHAT COUNTRY: USA.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12. SOCIAL SECURITY NUMBER: 488-03-7390
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Ret. Maintenanceman
13b. KIND OF BUSINESS OR INDUSTRY: St. Francois County Court

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE—STATE: Missouri
14b. COUNTY: St. Fran.
14c. CITY, TOWN, OR LOCATION: Desloge
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e. STREET AND NUMBER: 101 S. Cowling

6. 0940

PARENTS

15. FATHER—NAME: William Alexander Cross
16. MOTHER—MAIDEN NAME: Caroline Hall

17a. INFORMANT—NAME: Mrs. Ross Warren
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 101 S. Cowling, Desloge, Mo. 63601

CAUSE

PART I. DEATH WAS CAUSED BY. [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 IMMEDIATE CAUSE (a)	Acute Myocardial Infarction	5 minutes
DUE TO, OR AS A CONSEQUENCE OF: (b)		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF: (c)		

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO): NO
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR): June 4 1969
21b. TO (MONTH, DAY, YEAR): June 5 1969
21c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): June 5 1969
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH: Did
21e. DEATH OCCURRED (HOUR): 5:30 p.m. AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH: M.
22b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): M.

23a. CERTIFIER—NAME (TYPE OR PRINT): R. A. FRASER MD
23b. SIGNATURE: R. A. Fraser MD — DEGREE OR TITLE
23c. DATE SIGNED (MONTH, DAY, YEAR): 6/7/69
23d. MAILING ADDRESS—CERTIFIER: 43 ST JOE ST (STREET OR R.F.D. NO.) RIVERMINES (CITY OR TOWN) MO (STATE) 63668 (ZIP)

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: St. Fran. Mem. Park
24c. LOCATION: Bonne Terre (CITY OR TOWN) Missouri (STATE)
24d. DATE (MONTH, DAY, YEAR): June 7, 1969
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): C.Z. Boyer & Son, Inc., 201 E. Chestnut, Desloge, Mo. 63601
25b. FUNERAL DIRECTOR—SIGNATURE: B. T. Boyer
26a. REGISTRAR—SIGNATURE: Esther Mathews
26b. DATE RECEIVED BY LOCAL REGISTRAR: June 7, 1969

Type or print in PERMANENT BLACK INK. See handbook for instructions.

OCT 27 1969

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 L. T. Boyer

Licensed Embalmer No. 36660

P. O. Address Dealoge, 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.