No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 1 1948

Registration District No. 38

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No. 28859

Registrar's No. 239

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1313 University Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. 1313 University Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DAISIE DEAN CROSSWHITE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife M.H. Crosswhite

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased 2 - 4 - 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	7	14	..... hr. ..... min.

9. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Thomas Caldwell
13. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Clyde Crosswhite
(b) Address 1313 University, Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 9-21-48 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1948 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from Sept. 1947 to Sept. 17 1948
that I last saw her alive on Sept. 17, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia, hypostatic	1-2 days
Due to: myocardosis	
Due to: arteriosclerosis, marked	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature James J. Baker M.D. or other

Address Columbia Mo Date signed Sept. 20, 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 0 1949

RECEIVED
District Health Officer No. 9,
District File Number
SEP 30 1948
Date Filed

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Tom McLard

Licensed Embalmer No. 4067

P. O. Address Columbia 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 this body is not embalmed, fact should be so stated above.