

No. 300
10.48

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8074
Registrar's No. 322

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	c. LENGTH OF STAY (In this place) 10 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clever 23	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital		d. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print) a. (First) Nannie b. (Middle) Elizabeth c. (Last) McCrosky			4. DATE OF DEATH (Month) (Day) (Year) April 6 1949		
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5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec-26-1877	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Joe Gerrard		13b. MOTHER'S MAIDEN NAME Leutisha Bennett		14. NAME OF HUSBAND OR WIFE Thomas McCroskey	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Paul Inman				ADDRESS Clever, Mo.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion, Recurrent. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease 690 2/20 DUE TO (c) Fracture left femur (at Epicondyle) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clever Christian Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 25 49 P.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Pt. fell while walking in house 22	
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22. I hereby certify that I attended the deceased from 26 Feb, 1949, to 6 April, 1949, that I last saw the deceased alive on 6 April, 1949, and that death occurred at 10:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stanley A. Peterson M.D.		23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 6 April 49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-10-1949	24c. NAME OF CEMETERY OR CREMATORY Frazier	24d. LOCATION (City, town, or county) (State) Boaz Missouri		
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DATE REC'D BY LOCAL REG. 4/9/49	REGISTRAR'S SIGNATURE M.G. Haxelley	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Dean Harris Clever, Mo.			
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 4 1951

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.

Signed _____

John Dean Harris

Signed _____

Student Embalmer

Licensed Embalmer No. 4390

P. O. Address _____

Cleveland, 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.