

FILED JUL 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20559

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5982</u>		Registrar's No. <u>94</u>	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brighton</u>		c. LENGTH OF STAY (in this place) <u>1 1/2</u> <u>year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brighton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location) <u>Brighton Mo.</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jela</u> b. (Middle) <u>ONA</u> c. (Last) <u>Crosswhite</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1949</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED/NEVER MARRIED, WIDOWED/DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 14, 1866</u>	
9. AGE (in years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>13</u>		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Polk County Missouri, U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY _____
13a. FATHER'S NAME <u>Charles Robertson</u>			13b. MOTHER'S MAIDEN NAME <u>Miriamia Tuck</u>		14. NAME OF HUSBAND OR WIFE <u>Nathaniel P. Crosswhite</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 <u>Miss Orpha Crosswhite Brighton</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis.</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 1948</u> to <u>Jan 1948</u> , that I last saw the deceased alive on <u>Jan 19 48</u> , and that death occurred at <u>6:20 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dorothy McCreary</u>				23b. ADDRESS <u>Bolivar Mo.</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 29, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brighton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brighton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 29, 1949</u>		REGISTRAR'S SIGNATURE <u>Ralph Gardner per Squell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blue Bolivar, Mo.</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number 6-49-800

Date Filed 7-5-49

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

William P. Erwin

Licensed Embalmer No. 3092

P. O. Address Baltimore, Md.

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.