

FILED NOV 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32964**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **259**

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place) 60 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		d. STREET ADDRESS (If rural, give location) 600 Park
d. FULL NAME OF HOSPITAL OR INSTITUTION 600 Park Ave.			d. STREET ADDRESS (If rural, give location) 600 Park		

3. NAME OF DECEASED (Type or Print) a. (First) Pencie b. (Middle) Octavia c. (Last) Crosswhite			4. DATE OF DEATH (Month) (Day) (Year) October 23 1949		
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH unknown	9. AGE (In years last birthday) about 100	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse Keeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME Henry Turner		13b. MOTHER'S MAIDEN NAME Rachel (unknown) Turner		14. NAME OF HUSBAND OR WIFE Jesse Crosswhite			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME IRENE Moore		ADDRESS 600 Park	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Stroke of Paralysis to day	ANTECEDENT CAUSES (b) Arteriosclerosis			no data
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) Old age 100 years.			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) undiagnosed				334X

19a. DATE OF OPERATION F	19b. MAJOR FINDINGS OF OPERATION F		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) F	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) F	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) F
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) F	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? F
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22. I hereby certify that I attended the deceased from **10-17-1949 to 10-19-1949** that I last saw the deceased alive on **10/19, 1949**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. B. Williamson M.D.	23b. ADDRESS 2271-8th St Columbia Mo	23c. DATE SIGNED 10/19/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 26 1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Boone County
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DATE REC'D BY LOCAL REG. Oct 26 1949	REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	31	25. FUNERAL DIRECTOR'S SIGNATURE Victory Brown	ADDRESS 608 Park Ave
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District Health Officer No. 9
RECEIVED
OCT 29 1949
District File Number

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 Leonard E. Huff

Licensed Embalmer No. 4660

P. O. Address 320 9. South

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.