

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8376

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 5453 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> <u>0290</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brookline Twpsh.</u> c. LENGTH OF STAY (If applicable) <u>43 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brookline Township</u> <u>U</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 2 Republic, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 2 Republic, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alta</u> b. (Middle) <u>May</u> c. (Last) <u>McCroskey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 7 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 12 1886</u>
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Greene County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>David P. Inman</u>	
13b. MOTHER'S MAIDEN NAME <u>Lucinda Cantrell</u>		14. NAME OF HUSBAND OR WIFE <u>Felix McCroskey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Felix McCroskey</u>		ADDRESS <u>Rt # 2 Republic, Mo.</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>Melanotic Carcinoma of Abdomen</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>3 mo. 21 day</u>  <u>1991</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Nov-13, 1949</u> , to <u>March 7, 1950</u> , that I last saw the deceased alive on <u>March 6, 1950</u> , and that death occurred at <u>4:45 pm.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>E.M. LE COMPTE</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Brookline Sta. Mo.</u>	
23c. DATE SIGNED <u>3/9-1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/10/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Patterson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 10-1950</u>		REGISTRAR'S SIGNATURE <u>Glenn Brittain</u> 105	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. Lohmeyer</u>		ADDRESS <u>Springfield, Mo.</u>	

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

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MAR 22 1950

RECEIVED

Greene County Health Office

County File Number 50-3-14

Date Filed 3-18-50

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 Walter E. Thomette

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3808

P. O. Address Springfield 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.