

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

500

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 393

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>		d. STREET ADDRESS (If rural, give location) <u>1210 Schultz</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Harriett</u>	b. (Middle) <u>Dean</u>	c. (Last) <u>Crossett</u>	(Month) <u>Oct.</u>	(Day) <u>30</u>	(Year) <u>1950</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>Aug. 26, 1902</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Factory</u>	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Rose</u>	13b. MOTHER'S MAIDEN NAME <u>Eva Marie Crews</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby Ann Wilson, Mt. Vernon, Mo.</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>498-14-3946</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Ann Wilson, Mt. Vernon, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19a. DATE OF OPERATION _____			

19b. MAJOR FINDINGS OF OPERATION _____	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 June 24, 1946, to Oct. 30, 1950 that I last saw the deceased alive on Oct. 30, 1950, and that death occurred at 3:35 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. A. Brusler M.D. U.</u>	23b. ADDRESS <u>Mt. Vernon, Missouri</u>	23c. DATE SIGNED <u>Oct. 30 '50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 30, '50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Caruthersville, Mo.</u>

DATE REC'D BY LOCAL REG. <u>Nov 3, 1950</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith Funeral Home</u>	ADDRESS <u>Caruthersville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**DIVISION OF HEALTH OF MD.**

District No. 5 - Springfield

RECEIVED NOV 4 1950

Dist. File 1150-2234

Date Filed 11-14-50

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**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Walter E. Hargett*

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.