

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39841

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1396</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>28 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		<u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6006 Meade St.</u>				d. STREET ADDRESS (If rural, give location) <u>6006 Meade St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ANNA</u>		b. (Middle) <u>F.</u>		c. (Last) <u>CROSSFIELD</u>	
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>10</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>3-1-1866</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Buchanan Co., Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Artin Redman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Clark</u>	
14. NAME OF HUSBAND OR WIFE <u>William Crossfield</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type, 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>Mrs. Elsie Sanderson, St. Joseph, 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.		19. INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u>				ANTECEDENT CAUSES Morbid 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. <u>Malnutrition, Wasting</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. DATE SIGNED <u>12-11-50</u>	
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>11-2</u> , 19 <u>50</u> , to <u>12-7</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-7</u> , 19 <u>50</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>M. Ashin M.D.</u> (Degree or title)	
23b. ADDRESS <u>228 ILLINOIS AVE, St. Joseph</u>		23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-12-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sugar Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Rushville, Mo.</u>		DATE REC'D BY LOCAL REG <u>Dec. 13, 1950</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casst</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Rupp</u>		ADDRESS <u>St. Joseph, Mo.</u>		446			

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed..... *John E. Sapp*

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.