

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 2339BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lagacy 8850</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pulaski County Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>"</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Lee</u> c. (Last) <u>Crossland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 5 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Sept 1, 1938</u>	9. AGE (In years last birthday) <u>13</u>	# UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>

13a. FATHER'S NAME <u>Branhille Crossland</u>	13b. MOTHER'S MAIDEN NAME <u>Pearl Minnie Graves</u>	14. NAME OF HUSBAND OR WIFE
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.	17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Crossland</u> ADDRESS

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary atelectasis Rt.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		
	11. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Residual poliomyelitis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <u>081X</u>	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) (Min)	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 12-7, 1952, to 1-5, 1952, that I last saw the deceased alive on 1-5, 1952, and that death occurred at 5:10 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Ben Krissman</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Richland, Mo.</u>	23c. DATE SIGNED <u>1-14-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 7, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW Cemetery</u>
DATE REC'D BY LOCAL REG. <u>1-14-52</u>	REGISTRAR'S SIGNATURE <u>Walter P. Hedger</u>	24d. LOCATION (City, town, or county) (State) <u>Pulaski County Missouri</u>
5S FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedger</u> ADDRESS <u>Waynesville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

850

FILED JAN 27 1952  
RICHMOND, MO.

RECEIVED 1-14-53  
Pulaski County Health Officer  
File Number  
Date Filed 1-19-53

**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 Walter P. Hedger

Licensed Embalmer No. 14365

P. O. Address Shenandoah, 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.