

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24992

State File No.

FILED JUL 25 1952

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4283 Registrar's No. 73

0560

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

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EWING		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EWING	
c. LENGTH OF STAY (in this place) 15 yrs		d. STREET ADDRESS (If rural, give location) 0560	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) JAMES	b. (Middle) W	c. (Last) CROSSAN	JULY 18 1952		

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 6, 1871	9. AGE (In years) last birthday 81	IF UNDER 1 YEAR Months 4 Days 12	IF UNDER 48 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retail Merchant	10b. KIND OF BUSINESS OR INDUSTRY Retail Merchant	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm Crossan	13b. MOTHER'S MAIDEN NAME Frankie Chapman	14. NAME OF HUSBAND OR WIFE Alpha Crossan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. F. Wilson	ADDRESS Hannibal, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the prostate			2 yr.
	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. Angina pectoris		1 yr.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 177X		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)
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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?
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22. I hereby certify that I attended the deceased from **Mar. 25, 1952**, to **July 18, 1952**, that I last saw the deceased alive on **July 7, 1952**, and that death occurred at **1:30A.m.**, from the causes and on the date stated above.

23a. SIGNATURE Harry J. McBrook	(Degree or title) D.O.R.	23b. ADDRESS La. Belle, Missouri	23c. DATE SIGNED 7/18/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-21-52	24c. NAME OF CEMETERY OR CREMATORY Hydesburg	24d. LOCATION (City, town, or county) (State) Marion Mo
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DATE REC'D BY LOCAL REG. 7-22-52	REGISTRAR'S SIGNATURE P.W. Jennings	161-0	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Ball	ADDRESS Ewing, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

AUG 15 1952

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 _____

Lewis Martin Crabell

working under my personal supervision.

Student Embalmer No. *450*

Signed *Lewis Martin Crabell*
Student Embalmer

Signed *Thomas Ball*

Licensed Embalmer No. *1744*

P. O. Address *Ewing, 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.