

LED NOV 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35398

BIRTH NO.		REG. DIST. NO. 156	PRIMARY REG. DIST. NO. 2001	Registrar's No. 456
1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived: If less than 1 year, residence before admission) a. STATE Missouri b. COUNTY Jasper		
d. CITY OR TOWN Joplin		c. CITY OR TOWN Joplin 0415		
d. FULL NAME OF HOSPITAL OR INSTITUTION Truman Hospital		d. STREET ADDRESS 2430 Rolla		
3. NAME OF DECEASED (Type or Print) a. (First) John Edgar b. (Middle) Crossley c. (Last) Crossley		4. DATE OF DEATH (Month) (Day) (Year) 10-11-1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2-20-1877	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Street buyer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Jasper Co. Missouri
13a. FATHER'S NAME Isaac Crossley		13b. MOTHER'S MAIDEN NAME Amanda Landers		14. NAME OF HUSBAND OR WIFE Rosa M. Crossley
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. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Rosa M. Crossley, 2430 Rolla
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 myocardial infarction, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion 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.		
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 10-11, 1952 to oral visit, that I last saw the deceased alive on 10-11, 1952 and that death occurred at 9:30 a.m., from the causes and on the date stated above.				
23a. SIGNATURE E. H. Hamilton, M.D.		23b. ADDRESS Joplin Mo		23c. DATE SIGNED 10-13-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-15-1952		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park
24d. LOCATION (City, town, or county) Joplin		24e. (State) Mo.		
DATE REC'D BY LOCAL REG. 10-15-52		REGISTRAR'S SIGNATURE Ed O. Jaber 138		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Thomson Mortuary Joplin Mo

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

3495
3

Can't find
10-11-52
10-11-52

RECEIVED 10-27-52
Jasper County Health Office

County File Number 52/10/830

Date Filed 10-27-52

NOV 3 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. H. Hester

Licensed Embalmer No. 1770

P. O. Address Joplin, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 35398
Local Registrar's No. 456

State of Missouri }
County of Jasper } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19 day of November, 1952, before me appears Ruth Crossley, who, upon her oath, states that the original record of ~~birth~~ death for John Edgar Crossley died Oct 11 ~~born~~, 1952, in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

- Item No. 3 should read John Edgar Crossley
Instead of John Edgar Crossley
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ruth Crossley Daughter Relationship.
2430 Ralke Joplin, Mo. Present Address.

Subscribed and sworn to before me this 19th day of November, 1952
William E. Hues Notary Public.
My Commission expires Sept 28, 1955

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-35398

1952