S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38849

State File No.

FILED DEC 14 1953

BIRTH NO. REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 120

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany
c. LENGTH OF STAY (in this place): 11 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bethany Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany
d. STREET ADDRESS (If rural, give location): South 15 Street

3. NAME OF DECEASED (Type or Print): a. (First) Daisy b. (Middle) Gertrude c. (Last) Crossan

4. DATE OF DEATH (Month) Dec (Day) 6 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 30 1869

9. AGE (In years last birthday): 84 — If under 1 year: Months 5, Days 6 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Edgar S. Miner

13b. MOTHER'S MAIDEN NAME: Mina Gardner

14. NAME OF HUSBAND OR WIFE: Edwin M Crossan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT'S SIGNATURE OR NAME: L. M. Crossan — **ADDRESS**: Bethany Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

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: 331 X

20. AUTOPSY? YES ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1946, *to* Dec 6, 1953, *that I last saw the deceased alive on* Dec 5, 1953, *and that death occurred at* 8 30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Merriam Gearhart MD

23b. ADDRESS: Bethany Mo

23c. DATE SIGNED: 12/7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec 8 1953

24c. NAME OF CEMETERY OR CREMATORY: Bethany

24d. LOCATION (City, town, or county) (State): Bethany MO

DATE REC'D BY LOCAL REG.: 12-8-53

REGISTRAR'S SIGNATURE: Zola Burris

25. FUNERAL DIRECTOR'S SIGNATURE: W G Noble & Son

ADDRESS: New Hampton Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.