

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12935

State File No.

FILED MAY 10 1955

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3052 Registrar's No. 108

8830

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

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE MO. b. COUNTY RANDOLPH	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBERLY		c. CITY OR TOWN MOBERLY	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 DAYS		STREET ADDRESS (If rural, give location) 1107 CONCANON	
d. FULL NAME OF HOSPITAL OR INSTITUTION WOODLAND HOSP		0883 0	
3. NAME OF DECEASED a. (First) MARGARET b. (Middle) JANE c. (Last) CROSSER			4. DATE OF DEATH (Month) (Day) (Year) MAY 4 1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 13-1863
9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months 5 Days 21	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING	11. BIRTHPLACE (City and State or Foreign Country) INDIANA
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME SAMUEL BEEMAN	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE JOHN WILLIAM CROSSER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fracture of L. Hip. 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 Apr. 30, 1955		19b. MAJOR FINDINGS OF OPERATION Open reduction, fracture L. Hip	
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) 127 (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 May 1 , 1955, to May 4 , 1955, that I last saw the deceased alive on May 3 , 1955, and that death occurred at 6:30 AM. , from the causes and on the date stated above.			
23a. SIGNATURE W. D. [Signature] (Degree or title)		23b. ADDRESS Madison, Mo.	
23c. DATE SIGNED May 6 '55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-6-55	
24c. NAME OF CEMETERY OR CREMATORY CAKLAND CEMETERY		24d. LOCATION (City, town, or county) (State) MOBERLY MO.	
DATE REC'D BY LOCAL REG. 5-6-55		REGISTRAR'S SIGNATURE [Signature] 269	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS	

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.....
Signature of Student Embalmer

Signed.....
Charles V. Green

Licensed Embalmer No. *44*

P. O. Address *Clarence*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.