

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 17 6 6 4
STATE FILE NUMBER

FILED JUN 4 1957

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 90

S. 300
v. 15-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MINERAL TWSP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN JOPLIN <i>0495</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION ELMHURST CONVAL-ESSENT HOME		Length of stay in lb 5 MO'S		d. STREET ADDRESS (If outside, give location) 216 S. COX AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CARRIE FRANCES CROSSMAN			4. DATE OF DEATH Month Day Year MAY 21, 1957		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 7, 1888	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days 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 OWN HOME		11. BIRTHPLACE (City and state or country) TIOGA, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME MOSCOW B. KEITH		13b. MOTHER'S MAIDEN NAME KITTY FRANCES ADAIR	
14. NAME OF HUSBAND OR WIFE DEC'D ROY EARL CROSSMAN, 1-20-57		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 MRS. MINNIE E. CLUTTER, 210 S. COX AVE		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis and hypertension DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Rheumatoid arthritis		INTERVAL BETWEEN ONSET AND DEATH 48 hrs. 1 month	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT - SUICIDE - HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION JOPLIN, MISSOURI		20g. COUNTY		20h. STATE	
21. I attended the deceased from 3-19-47 to 5-21-57 and last saw her alive on 5-21-57		21a. Death occurred at 8:27 p m on the date stated above; and to the best of my knowledge, from the causes stated.		21b. ADDRESS Webb Co., Mo.	
21c. DATE SIGNED 5-24-57		21d. NAME (Degree or title) Dr. Anderson, MD		21e. SIGNATURE <i>Dr. Anderson</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-24-57		23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,	
23d. LOCATION (City, town, or county) JOPLIN, MISSOURI		23e. STATE		24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.	
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG. 5-27-57		26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Sitzer</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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RECEIVED
JUN
Jasper County Health Office
County File Number 57-6452
Date Filed JUN 3 1957

JUN 5 1957

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 *F. M. Jones*

Licensed Embalmer No. 2319

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