

FILED MAY 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014978

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 130

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 610 Willow		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MARY SUSAN CROSSAN			4. DATE OF DEATH Month Day Year April 23, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 15, 1881	9. AGE (In years last birthday) 77 F UNDER 1 YEAR Months 3 Days 8 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hannibal Missouri		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME George W. Pine		13b. MOTHER'S MAIDEN NAME Mary B. Ward		14. NAME OF HUSBAND OR WIFE Arthur G. Crossan (dec)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO None		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. H. C. Hirmer, Hannibal Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 4201
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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		COUNTY	STATE
21. I attended the deceased from 22 April 1958 to _____ and last saw her/him alive on 22 April 1958 Death occurred at 4:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Wynell Lambert M.D.		22b. ADDRESS Hannibal Mo		22c. DATE SIGNED 4/24/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/25/1958	23c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery		23d. LOCATION (City, town, or county) (State) Hannibal Missouri
24. FUNERAL DIRECTOR W. Crawford Smith, Hannibal Missouri		ADDRESS	25. DATE RECD. BY LOCAL REG. 4-25-58	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke M.D. Fisher	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED MAY 1 1958
MARION CO. HEALTH DEPT.
DATE FILED MAY 1 1958

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 *John S. Grant*

Licensed Embalmer No. 4540....

P. O. Address Hannibal, Miss

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.