

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043417

STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 44

Primary Registration District No. 5145

Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Caldwell				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Caldwell				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Breckenridge Twp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Breckenridge		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 1/2 mi. w. Breckenridge, Mo.				Length of stay in lb		d. STREET ADDRESS (If outside, give location)		
3. NAME OF DECEASED (Type or print) First CLARENCE Middle LEE Last CROSSLEY				4. DATE OF DEATH 12/14/1958				
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2/25/1884		9. AGE (In years last birthday) 74 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer, common			10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and state or country) Carroll Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Joseph E. Crossley				14. MOTHER'S MAIDEN NAME Emma Watts				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 494-32-4544		17. INFORMANT J. G. Crossley, Braymer, Mo. Address _____				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured skull.							INTERVAL BETWEEN ONSET AND DEATH Instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Compound fracture both legs and both arms.							"	
DUE TO (c) _____							"	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Killed Instantly when struck by car.							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) Struck by car on U.S. 36, 1/2 mi. west Breckenridge, Mo.					
20c. TIME OF INJURY 10:45 p. m. 12/14/58			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Caldwell Co., Mo.					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) U.S. 36		20g. CITY, TOWN, OR LOCATION Breckenridge Twp., Caldwell, Mo.				
21. I attended the deceased from _____ to _____ and last saw her/him dead 12/14/1958 Death occurred at 10:45 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Herald, Michael, Coroner 3				22b. ADDRESS Braymer, Mo.		22c. DATE SIGNED 12/15/1958		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/16/1958	23c. NAME OF CEMETERY OR CREMATORY Edion cemetery		23d. LOCATION (City, town, or county) (State) Carroll Co., Mo.			
24. FUNERAL DIRECTOR Michael Funeral Chapel, Breckenridge, Mo.				25. DATE RECD. BY LOCAL REG. 12-19-1958		26. REGISTRAR'S SIGNATURE Mrs Ruth Anne Ziegler		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Services

300
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Lemb. Michael _____

Licensed Embalmer No. 431

P. O. Address Brayman,

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.

DEC 30 1958