RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-029887

FILED VS SEP 10 1959

Registration District No. 247 Primary Registration District No. ~~247~~ 4366 Registrar's No. ~~4366~~ 27

STATE FILE NUMBER X

IDED

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Granby — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Granby Community Hosp. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Newton
c. CITY OR TOWN: Neosho — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): R.F.D. #4 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First WALLACE — Middle CROSSNO — Last
4. DATE OF DEATH: Month Sept. Day 2, Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-16-90
9. AGE (last birthday): 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Clarksville Ark.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Robert Crossno
13b. MOTHER'S MAIDEN NAME: Julia Rumsour
14. NAME OF HUSBAND OR WIFE: Vera Crossno

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 404-18-5858
17. INFORMANT: Mrs. Vera Crossno, Address: Neosho Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Toxemia and inanition — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Metastatic adenocarcinoma of the liver — over 2 months
DUE TO (c): Gastric adenocarcinoma — over 2 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 7-7-59, to 9-2-59 and last saw ~~her~~ him alive on 9-2-59
Death occurred at 1:12 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles O. Chester D.O.
22b. ADDRESS: Granby, Missouri
22c. DATE SIGNED: 9-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-4-1959
23c. NAME OF CEMETERY OR CREMATORY: Kersey
23d. LOCATION (City, town, or county) (State): Near Paris Arkansas

24. FUNERAL DIRECTOR — ADDRESS: Thompson Funeral Home, Neosho Mo.
25. DATE RECD. BY LOCAL REG.: Sept 3, 1959
26. REGISTRAR'S SIGNATURE: M. L. Young

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Floyd M. Damron

Signature of Student Embalmer

Licensed Embalmer No. 5065

P. O. Address Veazie, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.