

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018226

AMENDED

Registration District No. 195

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED MAY 16 1961

## 1. PLACE OF DEATH

a. COUNTY

Mc Donald

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

LANAGAN

Length of stay in lb

hife

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

NONE

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

McDonald

c. CITY

OR

TOWN

LANAGAN

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

MINNIE

CROSBY

## 4. DATE OF DEATH

Month

Day

Year

5-2-1961

## 5. SEX

F

## 6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

2-7-1882

## 9. AGE (last birthday)

79

## 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, then if retired)

HOUSEWIFE

## 10b. KIND OF BUSINESS OR INDUSTRY

JAME

## 11. BIRTHPLACE (City and state or country)

Anderson Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.

## 13a. FATHER'S NAME

DAVID O SHERWOOD

## 13b. MOTHER'S MAIDEN NAME

MARGERETE RUSSEH

## 14. NAME OF HUSBAND OR WIFE

Mrs Charena Divine LANAGAN

## 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.

NONE

## 17. INFORMANT

Mrs Charena Divine LANAGAN

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)

Hydrostatic Pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Passive congestion &amp; failure

## DUE TO (c)

Senility

## INTERVAL BETWEEN ONSET AND DEATH

## 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☐ N☐ Unknown19. 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.

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 Sept. 1960 to 5-2-61 and last saw her alive on 5-1-61  
Death occurred at 1:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

5-5-1961

## 23c. NAME OF CEMETERY OR CREMATORY

NEW BETHEM CEM

## 23d. LOCATION (City, town, or county)

ANDERSON Mo. RT.

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Hump &amp; Son &amp; Hump

May 9, 1961

Mary C. Bradley

(Licensed Embalmer's Statement on Reverse Side)

**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 *H. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address Trail, 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.