

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19164  
State File No. ....

FILED JUN 27 1949

BIRTH NO. .... REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **549**

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Dallas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural S. Benton</b>	
c. LENGTH OF STAY (In this place) <b>0</b>		d. STREET ADDRESS (If rural, give location) <b>BUFFALO, MO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>COLE</b> b. (Middle) <b>—</b> c. (Last) <b>CROSLIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6-20-49</b>		
5. SEX <b>F</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	
8. DATE OF BIRTH <b>FEB. 3-1879</b>		9. AGE (In years last birthday) <b>70</b>		10. UNDER 1 YEAR <b>4</b> MONTHS <b>17</b> DAYS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (State or foreign country) <b>ILL</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Ed Croslin</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Cherley Croslin Buffalo Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction, acute</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Coronary Atherosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year), (Hour) <b>none</b> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6-13, 1949**, to **6-20, 1949**, that I last saw the deceased alive on **6-19, 1949**, and that death occurred at **7:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William J. Daul, M.D.</b>		23b. ADDRESS <b>Springfield, Missouri</b>		23c. DATE SIGNED <b>6/20/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>6-22-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn</b>	
		24d. LOCATION (City, town, or county) (State) <b>Springfield, MO.</b>			

DATE REC'D BY LOCAL REG. <b>6-20-49</b>		REGISTRAR'S SIGNATURE <b>W. Handley M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Montgomery-Waughan Buffalo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Signed Blyde Montgomery

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3592

P. O. Address Buffalo, 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 this body is not embalmed, fact should be so stated above.