

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32912

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u> c. LENGTH OF STAY (in this place) <u>over 45 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>53</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Vincent Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>RFD 1 Monett</u>	

3. NAME OF DECEASED (Type or Print), a. (First) <u>Albert</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Crossland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 31 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 8, 1876</u>	9. AGE (In years last birthday) <u>73</u>	if UNDER 1 YEAR Months <u>6</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Texas county Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>

13a. FATHER'S NAME <u>John Crossland</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Strickland</u>	14. NAME OF HUSBAND OR WIFE <u>Columbia Eagle Crossland</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Crossland - Monett Mo</u> ADDRESS _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchiopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u> <u>18/25/49</u> <u>3 1/2</u> <u>12 2 1/2</u> <u>3 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial degeneration</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture femur</u>			
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) _____	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) _____	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 8/10, 1949, to 10/31, 1949, that I last saw the deceased alive on 10/31/49, 1949, and that death occurred at 7:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank R. West M.D.</u>	23b. ADDRESS <u>Monett Mo</u>	23c. DATE SIGNED <u>11/4/49</u>
--	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 2, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Monett Missouri</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>11-7-49</u>	REGISTRAR'S SIGNATURE <u>W. M. West</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>I. Dillon</u>	ADDRESS <u>Funeral Home - Monett Mo</u>
---	---	---	---

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 12 1949

District Health Office No. 6,

District File Number 1149-1135

Date Filed 11-14-49

NOV 8 1949

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
Student Embalmer

Signed J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.