

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32950

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>5288</u>		Registrar's No. <u>98</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>			
b. CITY OR TOWN <u>Kearney Rural</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Kearney Rural 0242</u>		d. STREET ADDRESS (If rural give location) <u>Washington twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Washington twp</u>				d. STREET ADDRESS (If rural give location) <u>Washington twp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pasley</u> b. (Middle) <u>Carlock</u> c. (Last) <u>Crossett</u>			4. DATE OF DEATH (Month) <u>Sept</u> (Day) <u>9</u> (Year) <u>1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Dec-3-1884</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; Stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Clinton Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph K. Crossett</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah F Feril</u>		14. NAME OF HUSBAND OR WIFE <u>Never married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Mary Crossett</u>		18. ADDRESS <u>Kearney</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left Hemiplegia - Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Essential Hypertension 260/190</u> DUE TO (b) <u>Previous Rt. Hemiplegia</u> DUE TO (c) <u>Previous Rt. Hemiplegia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10 yrs</u> <u>4 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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) <u>Kearney Clinton Mo</u>			
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 <u>July</u> , 19 <u>51</u> , to <u>Sept 9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept 8</u> , 19 <u>51</u> , and that death occurred at <u>6 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Detlev Buehner MD</u> (Degree or title)				23b. ADDRESS <u>Lansdown Mo</u>		23c. DATE SIGNED <u>Sept 12, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 10-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>East of Kearney Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/15/51</u>		REGISTRAR'S SIGNATURE <u>Marlene Butcher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leonard Fry</u>		ADDRESS <u>Kearney Mo</u>	

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

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1824



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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Leonard Fry

Signed.....  
Student Embalmer

Licensed Embalmer No. 1677

P. O. Address Kearney 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.