

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33174

State File No. _____

FILED NOV 1 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4405

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City
c. LENGTH OF STAY (in this place) 3 1/2 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION 115 West 9th. Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes No XXX

STREET ADDRESS (If rural, give location)
Address Unknown 300 S

3. NAME OF DECEASED
a. (First) Harry b. (Middle) Irven c. (Last) Crossland
4. DATE OF DEATH (Month) (Day) (Year)
Oct. 12, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 31, 1896 9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright
10b. KIND OF BUSINESS OR INDUSTRY Swift & Company
11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Thomas Crossland
13b. MOTHER'S MAIDEN NAME Margaret A. Leech
14. NAME OF HUSBAND OR WIFE Bessie T. Crossland

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. 513-09-1694
17. INFORMANT'S SIGNATURE OR NAME Elizabeth Sower ADDRESS 530 No. 57th. K.C.K.

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, asthenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown
ANTECEDENT CAUSES
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Was hit heart cond.

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION Post Refused
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural
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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) Coroner
23b. ADDRESS 1034 Qualls Blvd
23c. DATE SIGNED 10/13/1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10/14/1955
24c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery
24d. LOCATION (City, town, or county) (State) Kansas City 2, Kansas

DATE REC'D BY LOCAL REG. 10-14-55 REGISTRAR'S SIGNATURE new Marshall
25. FUNERAL DIRECTOR'S SIGNATURE Jos. A. Butler's Sons ADDRESS Kansas City, Kansas

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..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address

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