

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8329

BIRTH NO.		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>185</u>			
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>3 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Route 2 Charleston</u>		06701			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Route 2 Charleston</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Claude</u> b. (Middle) <u>Harrison</u> c. (Last) <u>Crosier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3/17/56</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10/2/1897</u>			
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>0</u>		IF UNDER 24 HRS. Days <u>0</u>		Hours <u>0</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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Robert Crosier</u>			13b. MOTHER'S MAIDEN NAME <u>Fannie Reynolds</u>			14. NAME OF HUSBAND OR WIFE <u>Edith May Crosier</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>190-14-2204</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence Crosier, St. Charles, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pneumonia of lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of liver</u> "metastatic" 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 <u>45 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1562</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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) 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 <u>3/14</u> , 19 <u>56</u> , to <u>3/17</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/16</u> , 19 <u>56</u> and that death occurred at <u>1:55 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>No. 1 - Shelby MO</u>				23b. ADDRESS <u>Cape Girardeau MO</u>		23c. DATE SIGNED <u>3.18.56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/19/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-20-56</u>		REGISTRAR'S SIGNATURE <u>T. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>The Nunnellee Funeral Chapel</u> <u>Charleston, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 28 1912

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 John P. Finneke Jr
Licensed Embalmer No. 3851

P. O. Address Charleston

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.