

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1691

STATE FILE NUMBER

FILED JAN 29 1957

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 10

300
-56

Factor, coroner, etc. must use only standard nomenclature in their reports. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR MINERAL TWSP TOWN		c. CITY OR TOWN JOPLIN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ELMHURST CONVAL INSTITUTION ESCENT HOME		d. STREET ADDRESS 216 S. COX AVE.	
3. NAME OF DECEASED (Type or print) First ROY Middle EARL Last CROSSMAN		4. DATE OF DEATH JAN. 20, 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 8, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LETTER CARRIER		10b. KIND OF BUSINESS OR INDUSTRY JOPLIN POSTOFFICE	11. BIRTHPLACE (City and state or country) JOPLIN, MO.
13. FATHER'S NAME HENRY CROSSMAN		14. MOTHER'S MAIDEN NAME MOLLIE HARPER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK		17. INFORMANT MRS. CARRIE F. CROSSMAN, 216 S. COX	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia due to Cardiovascular renal disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Diabetes mellitus			INTERVAL BETWEEN ONSET AND DEATH 1 yr. 5 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION JOPLIN, MO. COUNTY JASPER STATE MISSOURI	
21. I attended the deceased from 10-30-46 to 1-28-57 and last saw ^{her} him alive on 1-19-57 Death occurred at 6:20 Pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Earl Crossman MD (Degree or title)		22b. ADDRESS Wabash City, Ind.	
22c. DATE SIGNED 1/22/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-23-57	
23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK		23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO. ADDRESS		25. DATE RECD. BY LOCAL REG. 1-23-57	
		25. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	

(Licensed Embalmer's Statement on Reverse Side)

County File Number
Date Filed JAN 28 1957

REC 14 1957

JUN 21 1957

JUN 5 1957

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 *F. M. Jones*

Licensed Embalmer No. *23*

P. O. Address *Gap, Va*

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.