

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31416
STATE FILE NUMBER
Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 925

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arizona b. COUNTY Pima	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Tucson Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge		Length of stay in 1b 30 hours	d. STREET ADDRESS (If outside, give location) 1435 Prospect Lane Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last FLORENCE BONNEY CROSSETT			4. DATE OF DEATH Month Day Year Sept. 22, 1957		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 23, 1909	9. AGE (In years last birthday) 48	FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Riding Ranch Operator	10b. KIND OF BUSINESS OR INDUSTRY Riding Ranch	11. BIRTHPLACE (City and state or country) Portland, Maine	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Authur Bonney, Sr.	13b. MOTHER'S MAIDEN NAME Florence Holt	14. NAME OF HUSBAND OR WIFE Bill Crossett
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address Bill Crossett Tucson, Arizona
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral contusion DUE TO (c) Cerebral Hemorrhage 8234		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease, condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) one car accident, ran into embankment
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 9-21-57	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Center Twp	20e. CITY, TOWN, OR LOCATION Greene Mo.	20f. COUNTY STATE Greene Mo.
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21. I attended the deceased from 9-21-57 to Sept. 22, 1957 and last saw her 9-22-57 Death occurred at 5:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE John A. K. Stang M.D. (Degree or title)	22b. ADDRESS 1636 S. glenstone Springfield.	22c. DATE SIGNED 9-23-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-23-57	23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	23d. LOCATION (City, town, or county) (State) Tucson Arizona
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24. FUNERAL DIRECTOR Ralph Thome Springfield, Mo.	ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 9-23-57	26. REGISTRAR'S SIGNATURE Edith Williams
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *L. Mason*

Licensed Embalmer No. 4568

P. O. Address Springfield, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.