

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022882
STATE FILE NUMBER

FILED JUN 18 1958 Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 98

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1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo.		c. CITY OR TOWN Waynesville, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waynesville Gen.		d. STREET ADDRESS (If outside, give location) Rural Rt. # 1.	
Length of stay in 1b 18 days.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Lockey Middle Jane Last Crossland.			4. DATE OF DEATH Month June Day 13, Year 1958			
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5. SEX Female	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 9, 1890	9. AGE (In years past birthday) 78	IF UNDER 1 YEAR Months 8 Days 4	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) Housewife.	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Brownfield, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Perry Starnes.	13b. MOTHER'S MAIDEN NAME Sarah Barnes.	14. NAME OF HUSBAND OR WIFE Benjamin Crossland.
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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) No	16. SOCIAL SECURITY NO. N ne.	17. INFORMANT George Exendine Address Waynesville, Mo.
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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 Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	
	DUE TO (c) Senility	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) 331X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 	20d. INJURY OCCURRED WHILE AT <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 Waynesville	COUNTY STATE
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21. I attended the deceased from 6/9/58 to 6/13/58 and last saw her alive on 6/13/58 Death occurred at 3:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R.D. Alworth (Degree or title) D.O. 2	22b. ADDRESS Waynesville, Missouri	22c. DATE SIGNED 6/14/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 15/58	23c. NAME OF CEMETERY OR CREMATORY Buckhorn Cemetery	23d. LOCATION (City, town, or county) (State) Waynesville, Mo Rural Rt.
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24. FUNERAL DIRECTOR Hedges Funeral Home Way, Mo.	25. DATE REC'D. BY LOCAL REG. 6-14-58	26. REGISTRAR'S SIGNATURE Eula Grace Anderson
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Clarence Thross*

Licensed Embalmer No. *4896*

P. O. Address *Waymerville, V*

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.