

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006684

STATE FILE NUMBER

FILED FEB 18 1959 Registration District No. 290 Primary Registration District No. _____ Registrar's No. 15

300
-57

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) Cullen.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Waynesville, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None.		Length of stay in lb 18 yrs.	d. STREET ADDRESS (If outside, give location) Rural Rt. # 1. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last SAMUEL. CLEVELAND CROSSLAND.			4. DATE OF DEATH Month Day Year Feb. 1, 1959
5. SEX Male	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 March 3, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 73
11. BIRTHPLACE (City and state or country) Pulaski Co, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel Turney Crossland.		13b. MOTHER'S MAIDEN NAME Lucinda Ann Anderson.	14. NAME OF HUSBAND OR WIFE Myrtle Zella Crossland
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -----	17. INFORMANT Mrs. Myrtle Crossland, Way, Mo. Rt. 1 Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hypostatic pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) apoplexy DUE TO (c) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 2 weeks 6 months
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"/>
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 <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 COUNTY STATE
21. I attended the deceased from <u>7-4-58</u> to <u>1-30-59</u> and last saw her alive on <u>1-30-59</u> Death occurred at <u>4:40 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>L. A. Myers</i> (Degree or title) D.O.		22b. ADDRESS Richland, Missouri	22c. DATE SIGNED 2/2/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/3/59	23c. NAME OF CEMETERY OR CREMATORY Idumea Cemetery.	23d. LOCATION (City, town, or county) (State) Waynesville, Mo. Rural.
24. FUNERAL DIRECTOR <i>Hedges Funeral Home</i> ADDRESS Richland, Mo		25. DATE RECD. BY LOCAL REG. 2-3-59	26. REGISTRAR'S SIGNATURE <i>Lucinda Ann Anderson</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 18 1959

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 Drose*

Licensed Embalmer No. *4896*

P. O. Address *Waynesville, Va*

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.