

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037979

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4897 Registrar's No. 166

FILED OCT 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Cass</u> | | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harrisonville</u> | | Length of stay in 1b | c. CITY OR TOWN <u>Harrisonville</u> |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (if outside, give location) <u>805 Independence</u> |
| 3. NAME OF DECEASED (Type or print) <u>CHARLES T. CROSSHART</u> | | First Middle Last | 4. DATE OF DEATH Month <u>Oct</u> Day <u>6</u> Year <u>1962</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Mar 13 1879</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) <u>83</u> |
| <u>Merchant - Retired</u> | | 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY |
| <u>Cass Co. Mo.</u> | | <u>USA</u> | |
| 13a. FATHER'S NAME <u>Chas T. Crosshart</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Cottingham</u> | 14. NAME OF HUSBAND OR WIFE <u>Era Crosshart</u> |
| 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 <u>MINA E. BENNETT 417 EAST 70th RC Mo</u> |
| <u>No</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH | |
| IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> | | <u>8 Mo -</u> | |
| DUE TO (b) <u>Arteriosclerotic Heart Disease</u> | | <u>unknown</u> | |
| DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral Arteriosclerosis</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | | |
| 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 | COUNTY STATE |
| 21. I attended the deceased from <u>1954</u> to <u>Oct 6, 1962</u> and last saw her/him alive on <u>Oct. 6, 1962</u> | | Death occurred at <u>11 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | 22b. ADDRESS <u>Harrisonville Mo</u> | 22c. DATE SIGNED <u>Oct 8, 1962</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (specify) | 23b. DATE <u>Oct 8 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u> |
| 24. FUNERAL DIRECTOR <u>Gumburger's</u> | ADDRESS <u>Harrisonville Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>10-8-62</u> | 26. REGISTRAR'S SIGNATURE <u>Ray J Sebrer</u> |

USE BLACK INK OR TYPEWRITER RIBBON

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

Ernest K. Kummerbarger

Licensed Embalmer No.

3368

P. O. Address

Harrisonville 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.