

No. 300  
10-48

49  
312

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 9 1949

State File No. 34124

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 448

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
c. LENGTH OF STAY (In this place) <u>6 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1818 Porter</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Harry</u>		b. (Middle) <u>Emmett</u>	
c. (Last) <u>Crosby</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 9, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 18, 1890</u>
9. AGE (In years last birthday) <u>58</u>		10. UNDER 1 YEAR (Months) <u>3</u>	11. UNDER 24 HRS. (Hours) (Min.) <u>2 1/2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Armour &amp; Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Minneapolis, Kans.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Loren E. Crosby</u>	
13b. MOTHER'S MAIDEN NAME <u>Lulu Kissett</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel Crosby</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Crosby</u>		ADDRESS <u>1818 Porter, Joplin Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Anterior Myocardial Infarction</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) _____ DUE TO (c) <u>Coronary Insufficiency</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial Infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>4 20!</u> <u>3 days</u> <u>4 days</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Feb</u> , 19 <u>47</u> , to <u>Oct</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct 9</u> , 19 <u>49</u> , and that death occurred at <u>3:30 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. Schulte</u> (Degree or title) _____		23b. ADDRESS <u>James Beck, Joplin</u>	
23c. DATE SIGNED <u>10-11-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10-11-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial</u>	
24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u>		DATE REC'D BY LOCAL REG. <u>10-13-49</u>	
REGISTRAR'S SIGNATURE <u>James Beck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker-Hunsaker</u>	
ADDRESS _____		ADDRESS <u>Joplin Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-1-49  
Jasper County Health Office

County File Number 49-10-854

Date Filed 11-8-49

NOV 9 1949

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

working under my personal supervision.

Student Embalmer No.....

Signed *F. M. Jones*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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 this body is not embalmed, fact should be so stated above.