

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

7536

BIRTH NO.		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>5214</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>CARTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CARTER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		c. LENGTH OF STAY (in this place) <u>21 yrs.</u>		c. CITY OR TOWN <u>RURAL</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GRANDIN STAR ROUTE</u>				e. STREET ADDRESS (If rural, give location) <u>GRANDIN STAR ROUTE</u>			
3. NAME OF DECEASED (First) <u>CAROLINE</u>		b. (Middle)		c. (Last) <u>CROZIER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 21-1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>MARCH 1-1883</u>	
9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 YEAR Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work and no. during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES CROZIER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JAMES CROZIER</u> ADDRESS <u>GRANDIN, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>1-10</u> , 19 <u>55</u> , to <u>3-21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-21</u> , 19 <u>55</u> , and that death occurred at <u>5:00</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. H. H. Edwards</u>		23b. ADDRESS <u>5000</u>		23c. DATE SIGNED		24. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>3/23/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRANDIN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>GRANDIN, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Oeta Henderson</u> ADDRESS <u>Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 29-1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. Oeta Henderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Doniphan - Mo.</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 488

P. O. Address Doniphan

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.