

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20851**

FILED JUN 20 1955

BIRTH NO. _____ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **4517** Registrar's No. **45**

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

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Taney	
b. CITY OR TOWN BRANSON		c. CITY OR TOWN Ozark Beach	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 day		e. STREET ADDRESS (If rural, give location) Ozark Beach 7060	
d. FULL NAME OF HOSPITAL OR INSTITUTION Skaggs Community Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) ALVAN b. (Middle) LEROY c. (Last) CROSBY		4. DATE OF DEATH (Month) (Day) (Year) June 7 1955	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 15, 1895
9. AGE (In years last birthday) 60	# UNDER 1 YEAR Days 22	# UNDER 1 Mth. Hours 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe Operator	10b. KIND OF BUSINESS OR INDUSTRY Cafe	11. BIRTHPLACE (City and State or Foreign Country) Wisconsin	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME George Crosby	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Marjory Crosby	
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. 394-14-5782	17. INFORMANT'S SIGNATURE OR NAME Marjory Crosby ADDRESS Ozark Beach Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture		INTERVAL BETWEEN ONSET AND DEATH 15 hrs.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (a) Internal (Injuries)	
DUE TO (b) Car accident			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) High 160	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kelleyville Taney MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-7-55 2:30 A	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car accident	
22. I hereby certify that I attended the deceased from 6-7, 1955 , to 6-7, 1955 , that I last saw the deceased alive on 6-7, 1955 , and that death occurred at 4 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE M. D. Branson (Degree or title)		23b. ADDRESS no	23c. DATE SIGNED 6-8-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/10/55	24c. NAME OF CEMETERY OR CREMATORY Hillard Cemetery	24d. LOCATION (City, town, or county) (State) Mountain Grove Mo
DATE/REC'D BY LOCAL REG. 6/18/55	REGISTRAR'S SIGNATURE Deleu Campbell	25. FUNERAL DIRECTOR'S SIGNATURE Barber Funeral Home ADDRESS 7th Ave Mo	

JUL 19 1955

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.....
William S. Cook

Licensed Embalmer No. 473

P. O. Address.....
Springfield

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.