

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32761**

FILED OCT 14 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 1271

1. PLACE OF DEATH a. COUNTY <u>Monton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY OR TOWN <u>Neosho</u>	c. LENGTH OF STAY (in this place) <u>30 minutes</u>	c. CITY OR TOWN <u>Anderson</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sales Memorial</u>		e. STREET ADDRESS (If rural, give location) <u>060</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HENRY</u>	b. (Middle) <u>CALVIN</u>	c. (Last) <u>CROSBY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 2 - 1957</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>9-5-1944</u>	9. AGE (In years last birthday) <u>13</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>27</u>	IF UNDER 24 HRS. Hour <u>1</u> Min. <u>1</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>Brentwood Calif</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Clarence M Crosby</u>	13b. MOTHER'S MAIDEN NAME <u>Dorthei Hulse</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dorthei Crosby Anderson, Mo.</u>	ADDRESS <u>McDonald Missouri</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun Shot Wound in right side of Head</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Head</u> DUE TO (c) <u>Accidental</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		9190	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Anderson</u> (COUNTY) <u>McDonald</u> (STATE) <u>Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 2, 1957 6 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Looking at gun</u>
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22. I hereby certify that I attended the deceased from 19, to 10-2, 1957, that I last saw the deceased alive on 10 and that death occurred at 8.05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lois H. Hayes</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Neosho, Missouri</u>	23c. DATE SIGNED <u>Oct. 7, '57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>10-3-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Peace Valley</u>	24d. LOCATION (City, town, or county) (State) <u>Anderson Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-8-57</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bauman, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.E. Cleather</u> ADDRESS <u>Anderson, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. *Newton*

District File Number *1057-234*

Date Filed *OCT 11 1957*

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 *me*..... Student Embalmer No. *✓* working under my personal supervision..

Student *✓*.....  
Signature of Student Embalmer

Signed *R. E. Cheatham*.....

Licensed Embalmer No. *3813*.....

P. O. Address *Anderson*.....

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.