

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45031**
Registrar's No. **68**

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **2707**

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY McC Donald | | 2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission). a. STATE Missouri b. COUNTY McC Donald | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, McC Donald Twp Rogers | | c. CITY OR TOWN Anderson | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Anderson R.F.P. 1 | | e. STREET ADDRESS (If rural, give location) R.F.P. 1 | |

| | | | | |
|-------------------------------------|-------------------------|------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) OLLIE | b. (Middle) MAE | c. (Last) CROSBY | 4. DATE OF DEATH (Month) (Day) (Year) 12 5 1957 |
|-------------------------------------|-------------------------|------------------------|-------------------------|--|

| | | | | | | | | |
|-----------------|---------------------------|---|-----------------------------------|---|---------------------------------|--------------------------------|--------------------------------|-------------------------------|
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH 2-17-1874 | 9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months 9 | IF UNDER 1 YEAR Days 18 | IF UNDER 1 Hrs. Hours - | IF UNDER 1 Min. Min. - |
|-----------------|---------------------------|---|-----------------------------------|---|---------------------------------|--------------------------------|--------------------------------|-------------------------------|

| | | | |
|--|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY House work | 11. BIRTHPLACE (City and State or Foreign Country) Jupton Ford Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S. |
|--|---|---|--|

| | | |
|-----------------------------------|--|--|
| 13a. FATHER'S NAME unknown | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE Nelson S 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. none | 17. INFORMANT'S SIGNATURE OR NAME E.R. Crosby | ADDRESS Anderson Mo. |
|--|-------------------------------------|--|-----------------------------|

| | | | |
|---|---|--|---|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH Sudden |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | 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 | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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) 4201 |
|--|--|---|

| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:00 P.** m., from the causes and on the date stated above.

| | | |
|---|------------------------------|---------------------------------|
| 23a. SIGNATURE D.M. Humphrey, J. Coroner (Degree or title) | 23b. ADDRESS Noel Mo. | 23c. DATE SIGNED 12-7-57 |
|---|------------------------------|---------------------------------|

| | | | |
|---|----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12-8-1957 | 24c. NAME OF CEMETERY OR CREMATORY Anderson Cem | 24d. LOCATION (City, town, or county) (State) Anderson Mo. |
|---|----------------------------|--|---|

| | | | |
|--|---------------------------|--|-----------------------------|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 12-8-1957 | REG. Maye Humphrey | 25. FUNERAL DIRECTOR'S SIGNATURE R.E. Cheston | ADDRESS Anderson Mo. |
|--|---------------------------|--|-----------------------------|

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

4230

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 MMQ..... Student Embalmer No. ✓ working under my personal supervision..

Student ✓.....
Signature of Student Embalmer

Signed R.E. Cheatham.....

Licensed Embalmer No 2813.....

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.