V.S. No. 300
Rev. 10.46

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036948
State File No.

FILED OCT 22 1958

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 146

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1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (In this place): 2½ mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Long's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brice Rt., Lebanon Township 0530
d. STREET ADDRESS (If rural, give location): Brice Rt.

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): E.
c. (Last): Crozier

4. DATE OF DEATH (Month) (Day) (Year): Oct. 13, 1958

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 2
8. DATE OF BIRTH: Feb. 9, 1892
9. AGE (In years last birthday): 66 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic
10b. KIND OF BUSINESS OR INDUSTRY: machine shop
11. BIRTHPLACE (City and State or Foreign Country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Robert Crozier
13b. MOTHER'S MAIDEN NAME: Mary Wilson
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 538-05-0735
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Joe Long, 175 Morton Road, Lebanon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive heart dis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
443X
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) m.
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* 10-8-, 1958, *to* 10-13-, 1958, *that I last saw the deceased alive on* 10-12, 1958, *and that death occurred at* 12:12 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B B Hurst M.D.
23b. ADDRESS: Lebanon Mo.
23c. DATE SIGNED: 10-14-58

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 15, 1958
24c. NAME OF CEMETERY OR CREMATORY: Bolles
24d. LOCATION (City, town, or county) (State): Lebanon, Rural Mo. R.R.

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DATE REC'D BY LOCAL REG.: 10-14-1958
REGISTRAR'S SIGNATURE: Hella L. Hay
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: E. J. Shadel Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Received OCT 20 1958
Laclede County Health Unit
File No. 146
Date Filed OCT 20 1958

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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 .....
Student Embalmer

Signed R W Barber

Licensed Embalmer No. 5828

P. O. Address Mt Vernon 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.