

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 1 1960

=60-022559

STATE FILE NUMBER

Registration District No. 58 Primary Registration District No. 5214 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY CARTER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CARTER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GRANDIN		Length of stay in lb 39 yrs.		c. CITY OR TOWN GRANDIN		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Star Route		Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) Star Route		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Charles Middle CROZIER Last CROZIER				4. DATE OF DEATH Month JUNE Day 22 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 2-28-1871	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and state or country) Johnson County, Iowa U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Thomas Crozier		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE			
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 JAMES CROZIER		Address Grandin, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Heart Disease DUE TO (b) Arteriosclerosis DUE TO (c) Coronary Artery Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 5-10-1960	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 5-10-1960 to 6-22-1960 and last saw her alive on 6-15-1960 Death occurred at 6 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Thos. Crozier M.D.				22b. ADDRESS P.O. Box 3111		22c. DATE SIGNED 6/23/60	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
BURIAL	JUNE 25, 1960	GRANDIN Cemetery		GRANDIN, Missouri			
24. FUNERAL DIRECTOR Edwards Funeral Home Doniphan, Mo.		25. DATE RECD. BY LOCAL REG. JUNE 25 1960		26. REGISTRAR'S SIGNATURE Mrs. Oeta Hanson			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gene Warren

Licensed Embalmer No. 480

P. O. Address Myler, T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.