

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

- 60-037978

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Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 77 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Albany - 4 miles west <sup>Adena, Twp</sup></b>		c. CITY OR TOWN <b>Maryville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Highway 136</b>		d. STREET ADDRESS (If outside, give location) <b>504 South Fillmore</b>	

3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>EDWIN</b> Last <b>CROY</b>	4. DATE OF DEATH Month <b>10</b> Day <b>23</b> Year <b>60</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/24/38</b>	9. AGE (last birthday) <b>22</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher &amp; coach</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Albany High School</b>	11. BIRTHPLACE (City and state or country) <b>Maryville, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Wallace Croy</b>	13b. MOTHER'S MAIDEN NAME <b>Katharine Bond</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>	16. SOCIAL SECURITY NO. <b>MOARKG/2/21/56 487-42-5939</b>	17. INFORMANT <b>Wallace Croy, Maryville, Mo.</b>	Address _____
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Neck fractured, skull punctured</b>		<b>Instant</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Left Thigh amputated. Chest</b>	
	DUE TO (c) <b>punctured.</b>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Car struck bridge - on wrong side of highway.</b>
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20c. TIME OF INJURY Hour <b>2 a.m.</b> Month, Day, Year <b>Oct. 23, '60</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>4 miles west Albany - on #136 Albany, Mo.</b>	20f. CITY, TOWN, OR LOCATION <b>Albany, Mo.</b>	COUNTY _____ STATE _____
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21. I attended the deceased from <b>2:00</b> to <b>10/23/60</b> and last saw him alive on _____	Death occurred at <b>2:00</b> <b>A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Frank H. Rose - M.D.</b>	22b. ADDRESS <b>Albany, Mo</b>	22c. DATE SIGNED <b>10-26-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>10/25/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>	23d. LOCATION (City, town, or county) (State) <b>Maryville, Missouri</b>
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24. FUNERAL DIRECTOR <b>Price Funeral Home, Maryville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10-26-60</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. L. W. Bare</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 7 1961

**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

*John W. Price*

Licensed Embalmer No. 4281

P. O. Address Maryville

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.