.S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1953

State File No. 4503

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6142 Registrar's No. 4

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1

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

1. PLACE OF DEATH
a. COUNTY: Shelby 7
b. CITY OR TOWN (If outside corporate limits, write Rural and Township): 8 miles south west of Clarence
c. LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shelby
c. CITY OR TOWN (If outside corporate limits, write Rural and Township): 8 miles south west of Clarence
d. STREET ADDRESS (If rural, give location): Rural

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3. NAME OF DECEASED (Type or Print)
a. (First): Vernon
b. (Middle): Joslin
c. (Last): Crosby

4. DATE OF DEATH (Month) (Day) (Year): 1-18-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: October 12-1905
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months 3, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Macon County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Egbert Everrett Crosby
13b. MOTHER'S MAIDEN NAME: Cora E. Brinker
14. NAME OF HUSBAND OR WIFE: Never Married

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Roy Crosby — ADDRESS: Anabel, Missouri

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) Burned in home which was destroyed by fire.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cause of fire undertermined
DUE TO (c) Inquest deemed unnecessary

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

INTERVAL BETWEEN ONSET AND DEATH

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION

102

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jefferson Shelby Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: In home which was destroyed by Fire

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C W Musgrove (Coroner)
23b. ADDRESS: Bethel, Missouri
23c. DATE SIGNED: 1/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-20-1953
24c. NAME OF CEMETERY OR CREMATORY: Tenmile Cemetery
24d. LOCATION (City, town, or county) (State): Tenmile, Missouri

DATE REC'D BY LOCAL REG.: 1-23-53
REGISTRAR'S SIGNATURE: Ada Carr 1501 919-1
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Barkelew & Hawkins Shelbina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 ..... This Body was not Embalmed because of being Completely working under my personal supervision. destroyed by fire. Student Embalmer No. .....

Signed James D. Davis

Signed ..... Student Embalmer

Licensed Embalmer No. 4478

P. O. Address Shelbina 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.