

FILED MAR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9737**

BIRTH NO. _____		REG. DIST. NO. 177		PRIMARY REG. DIST. NO. 3040		Registrar's No. 90	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (In this place) 14 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		d. STREET ADDRESS (If rural, give location) 28 Clay St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 28 Clay St.				d. STREET ADDRESS (If rural, give location) 28 Clay St.			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM			b. (Middle) EDWARD		c. (Last) CROSLY		4. DATE OF DEATH (Month) (Day) (Year) March 20, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 13, 1882		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Mach. repair		11. BIRTHPLACE (City and State or Foreign Country) Carroll County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward Crosley		13b. MOTHER'S MAIDEN NAME Emma Watts		14. NAME OF HUSBAND OR WIFE Grace			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-10-4729		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W. E. Crosley, Chillicothe, 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
	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. Arteriosclerosis						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 1950 to Mar. , 1956 , that I last saw the deceased alive on 20 Mar. , 1956 , and that death occurred at 5:15 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Charles M. Grace (Degree or title) M.D.				23b. ADDRESS Chillicothe, Mo.		23c. DATE SIGNED 3/22/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/22/56	24c. NAME OF CEMETERY OR CREMATORY Emon cemetery		24d. LOCATION (City, town, or county) (State) Livingston Co., Mo.			
DATE REC'D BY LOCAL REG. 3/22/56		REGISTRAR'S SIGNATURE Francoise B. Hall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ronald Gordon Chillicothe Mo.			

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

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 *Ronald Gordon*

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe, 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.