

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36580**

FILED NOV 6 1957

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>253</u>		
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (in this place) <u>9 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		d. STREET ADDRESS (If rural, give location) <u>1014 Locust</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>				d. STREET ADDRESS <u>1014 Locust</u>				
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Edward</u> c. (Last) <u>Crosby</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 25 57</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 23, 1879</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 Wks. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Great Bend, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Samuel Crosby</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Whayton</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>→</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Merle Crosby, Kansas City, Mo</u>				
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <u>Dehydration + starvation (Self imposed due to mental depression)</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>  <u>Unknown</u>  <u>2 mos</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY <u>2</u> 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)		332X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Aug</u> , 1957, to <u>Oct 25</u> , 1957, that I last saw the deceased alive on <u>Oct 25</u> , 1957, and that death occurred at <u>11:00 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>William L. Fair M.D.</u>				23b. ADDRESS <u>Chillicothe, Mo</u>		23c. DATE SIGNED <u>10/28/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-27-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lakeside</u>		24d. LOCATION (City, town, or county) (State) <u>Summer, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>10/28/57</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neel</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funerals Home, Chillicothe, Mo.</u>				

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

(Licensed Embalmer's Statement on Reverse Side)

NOV 8 1957

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.....

*Joseph M. Gibson*

Licensed Embalmer No. 4769

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.