

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028850

FILED VS AUG 17 1959 37

Registration District No. 37 Primary Registration District No. \_\_\_\_\_ Registrar's No. 209 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Henry</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Leesville</u>	a. STATE <u>Mo</u>	b. COUNTY <u>Benton</u>
Length of stay in 1b <u>9 years.</u>		c. CITY OR TOWN <u>Racket</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 miles west Leesville</u>		d. STREET ADDRESS _____	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>William</u>	Middle <u>E</u>	Last <u>CROZIER</u>	Month <u>Aug</u>	Day <u>11</u>
Year <u>1959</u>	5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>June 16, 1886</u>		9. AGE (last birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wire Chief</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Western Union</u>		11. BIRTHPLACE (City and state or country) <u>Campbellville, Ky</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		9. AGE (last birthday) <u>73</u>		
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Crozier</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-03-1399</u>		17. INFORMANT <u>Pearl Crozier</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Crozier</u>	

IMMEDIATE CAUSE (a)		Acute Circulatory failure		INTERVAL BETWEEN ONSET AND DEATH <u>2 min</u>	
DUE TO (b)		Coronary Thrombosis & Myocardial Infarction 2 mi			
DUE TO (c)		Advanced arteriosclerosis		<u>10 yrs.</u>	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 Jan., 10, 1955, to Aug., 11, 59 and last saw <sup>her</sup> alive on Aug., 8, 1959  
Death occurred at 11:50 A M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) <u>Laura Crozier</u>		22b. ADDRESS <u>Warsaw, Mo.</u>		22c. DATE SIGNED <u>8-12-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Aug 13, 1959</u>	23c. NAME OF CEMETERY, OR CREMATORY <u>Shady Grove</u>		23d. LOCATION (City, town, or county) (State) <u>Racket Benton Co., Mo</u>	

24. FUNERAL DIRECTOR <u>John F. Reser</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 14, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1956  
8 NOV

**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 F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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