

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011445

FILED VS MAR 24 1960

157

Primary Registration District No. 3028

Registrar's No. 66

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b 45 yrs		c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 419 Oak St	
3. NAME OF DECEASED (Type or print) First RALPH Middle LEROY Last CROSBY				4. DATE OF DEATH Month March Day 12 Year 1960			
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-15-97	
				9. AGE (last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) radio & TV repair				10b. KIND OF BUSINESS OR INDUSTRY electronics		11. BIRTHPLACE (City and state or country) Glen Coe, Minn	
13a. FATHER'S NAME James Crosby				13b. MOTHER'S MAIDEN NAME Sarah MackCormick		14. NAME OF HUSBAND OR WIFE Mabel Jackson Crosby	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. 490-10-0988		17. INFORMANT Address Mabel Crosby, 419 Oak, Carthage, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Cancer of lungs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) AdenoCarcinoma originating at inner Canthus Rt Eye DUE TO (c) 6 yrs.						INTERVAL BETWEEN ONSET AND DEATH 6 mo	
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 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 May 24 1958 to 3-12-60 and last saw her/him alive on 3-12-60 Death occurred at 8:25 a m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) George H. Wood MD				22b. ADDRESS Carthage, Mo		22c. DATE SIGNED 3-12-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3-15-60		23c. NAME OF CEMETERY OR CREMATORY Park Cemetery		23d. LOCATION (City, town, or county) (State) Carthage, Mo	
24. FUNERAL DIRECTOR ADDRESS Knell Mortuary, Carthage, Mo				25. DATE RECD. BY LOCAL REG. 3-14-60		26. REGISTRAR'S SIGNATURE [Signature]	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

