

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-042732

FILED VS. NOV 21 1960

Registration District No. 127 Primary Registration District No. 3040 Registrar's No. 219

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Livestock Livingston		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in 1b 14 Month	c. CITY OR TOWN Bosworth
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Susan Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 1m.e. Bosworth MO
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Clarence Franklin Crose			4. DATE OF DEATH Month Day Year Nov 15 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> X	8. DATE OF BIRTH 7-21-1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 3 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bosworth MO	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Alfred Crose		13b. MOTHER'S MAIDEN NAME Maggie M. Warnock		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Gilbert Crose Bosworth MO	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Hypertensive Pneumonia</u>			<u>72 hr.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebral Hemorrhage</u>		<u>1 week.</u>
	DUE TO (c)		

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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Month, Day, Year 11-15-60				

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
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21. I attended the deceased from July 5, 1960 to 11-15-60 and last saw him alive on 11-15-60
Death occurred at Rt. 10, Matheny, Mo. on the date stated above, and to the best of my knowledge, from the causes stated.
4 A.M.

22a. SIGNATURE (Degree or title) <u>R.W. Matheny D.O.</u>	22b. ADDRESS <u>Chillicothe, Mo.</u>	22c. DATE SIGNED <u>11-17-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-17-1960	23c. NAME OF CEMETERY OR CREMATORY Wharton Cemetry	23d. LOCATION (City, town, or county) (State) 4M.S.E. Bosworth MO
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24. FUNERAL DIRECTOR ADDRESS Leopard-Edwards Bosworth MO	25. DATE RECD. BY LOCAL REG. <u>Nov 17, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Annalee Taylor</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.