

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **6938**

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

FILED MAR 8 1955

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3072 Registrar's No. 34

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | |
| b. CITY OR TOWN <u>Marshall Saltfork</u> c. LENGTH OF STAY (in this place) <u>10 years</u> | | c. CITY OR TOWN <u>Rural Marshall</u> <u>0970</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. 2</u> | | d. STREET ADDRESS (If rural, give location) <u>Rural R. 2</u> <u>0</u> | |

3. NAME OF DECEASED a. (First) Mrs. Emma b. (Middle) Crobarker c. (Last) Crobarker **4. DATE OF DEATH** (Month) (Day) (Year) Feb. 27, 1955

5. SEX Female **6. COLOR OR RACE** Negro **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** April 6, 1877 **9. AGE** (In years last birthday) 78 **IF UNDER 1 YEAR** Months _____ Days _____ **IF UNDER 24 HRS.** Hours _____ Mins _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE** (City and State or Foreign Country) Missouri **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Thomas Jones **13b. MOTHER'S MAIDEN NAME** Lizzie Walker **14. NAME OF HUSBAND OR WIFE** Wm. L. Crobarker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none **16. SOCIAL SECURITY NO.** none **17. INFORMANT'S SIGNATURE OR NAME** William L. Crobarker **ADDRESS** Marshall, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic</u> | | <u>Dont know</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis, Hyperstension</u> DUE TO (c) _____ | | <u>Dont Know</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia</u> | | <u>2 days</u> | |

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO 593X

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 NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from 1-3, 1955, to 2-27, 1955, that I last saw the deceased alive on 2-27, 1955, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Waite H. Madison, M.D. **23b. ADDRESS** Marshall, Missouri **23c. DATE SIGNED** 2-28-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 3/2/55 **24c. NAME OF CEMETERY OR CREMATORY** Finnis Creek Cemetery **24d. LOCATION** (City, town, or county) (State) Saline County, Missouri

DATE REC'D BY LOCAL REG. Feb. 28-55 **REGISTRAR'S SIGNATURE** Cecil J. Reed Deputy **25. FUNERAL DIRECTOR'S SIGNATURE** George H. Moore **ADDRESS** Marshall, Mo.

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. 000

working under my personal supervision.

Student [Signature]
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4220

P. O. Address Marshall, 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.