

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21971

State File No.

Registration District No. 4 U

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Freeman Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 Hours  
(Specify whether  
In this community 50 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1707 Glover St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
year 1940 hour 4 minute 30 A.M.  
21. I hereby certify that I attended the deceased from June 14  
1940, to June 16, 1940  
that I last saw her alive on June 15, 1940  
and that death occurred on the 16th and hour stated above.

Immediate cause of death: Cardiac Infarction  
Duration 3 days

Due to Coronary Artery? years  
Due to \_\_\_\_\_

Other conditions: Dehydration  
(Include pregnancy within 3 months of death) 46

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
372 \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature HAB Brown (M. D. or J.D.)  
Address Success Row Date signed June 19 40

3. (a) PRINT FULL NAME Susan Ellen Crockett 628

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert L. Crockett 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased August 30 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 9 17 hr. min.

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name J. Mes Eller

13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Statfort

15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant J. L. Crockett

(b) Address 322 N. Commerce

17. (a) Burial (b) Date thereof 6-18-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST PARK Cem

18. (a) Signature of funeral director Hurlbut Co.  
(b) Address 212 Joplin St. Joplin Mo.

19. (a) 6-20-40 (b) Ed J. Jones  
(Date received local registrar) (Registrar's signature)

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

(Sewer)

40-7-220

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Steve D. Parker

Licensed Embalmer No. 2448

P. O. Address 907th St

**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, above space should be left blank.