S. No. 2
—11-10-39
v. 5-17-39
I X21492

58

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23043

Registration District No. 878 Primary Registration District No. 4531 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Sheldon

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Doylesport (Rural)

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Dixie Sue Crockett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug 20th 1939 (Month) (Day) (Year)

8. AGE: Years 7 Months 9 Days 10 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Mack Crockett
13. Birthplace Barton Co (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Goldia Day
15. Birthplace Barton Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mack Crockett

(b) Address Sheldon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-40 (Month) (Day) (Year)

(c) Place: burial or cremation Oakton Cemetery

18. (a) Signature of funeral director River Funeral Home

(b) Address Lamar Mo

19. (a) June-1-1940 (Date received local registrar) (b) Carroll T. Beery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1940 hour 11 minute 22 P.M.

21. I hereby certify that I attended the deceased from Mar. 8, 1940 to May 30, 1940 that I last saw her alive on May 30, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congenital spastic paraplegia	
Due to Birth injury	
Due to Terminal bronchopneumonia	2 days
Other conditions (Include pregnancy within 3 months of death)	

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) ✓

(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? 792 ✓ (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas G. Duckett (M. D. or other) 1

Address Sheldon, Mo Date signed 5-30-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-40-986
Date Filed 2-5-40

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 .....

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 this body is not embalmed, above space should be left blank.