

No. 2  
5-43  
5-17-39  
X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28832**

FILED OCT 11 1948  
Registration District No. **5**

Primary Registration District No. **5073**

Registrar's No. **58**

1. PLACE OF DEATH:

(a) County **Barton**

(b) City or town **Rural- Northfork Township**  
(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 **58 years**  
years, months or days

3. (a) PRINT FULL NAME **LOTTIE DELIA CROCKETT**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **F** / **W** 5. Color or race **W**

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

6. (b) Name of husband or wife **William R. Crockett**

6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **October 23 1889**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>58</b>	<b>11</b>	<b>8</b>	_____ hr. _____ min.

9. Birthplace **Barton County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **George S. Morgan**

13. Birthplace **Nodaway County, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Mitchell**

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

16. (a) Informant **Claude S. Crockett**

(b) Address **Lamar, Missouri**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director **KONANTZ FUNERAL HOME**

(b) Address **Lamar, Missouri**

19. (a) **OCT 2 - 1948** (Date received local registrar)

**Marie Konantz** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**

(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Lamar RFD #2**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **1**  
year **1948** hour **8** minute **00 P.** M.

21. I hereby certify that I attended the deceased from **August 15**  
**1947** to **September 28, 1948**;  
that I last saw her alive on **September 28, 1948**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Uterine malignancy of fundus with metastases**

Duration **14 mo.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **Bern T. Bichel** (M. D. or other) **M. D.**

Address **Lamar, Missouri** Date signed **10/2/48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1048-1159

Date Filed 10-9-48

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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 Frank W. Denton

Licensed Embalmer No. 4581

P. O. Address Lamar, Missouri

**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.