

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

State File No. **27634**

FILED AUG 22 1949

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>5946</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps Meramec Twp</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY OR TOWN <u>South Meramec</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>South Meramec</u>		d. STREET ADDRESS (If rural, give location) <u>Rural - Meramec Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles S.W. St. James, Mo</u>				d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) <u>DESTEE S CROLLAY</u>			a. (First) <u>S</u> b. (Middle) <u>C</u> c. (Last) <u>ROLLAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 12, 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 30 1867</u>	
9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>1</u>		11. DAYS <u>12</u>		12. HOURS <u>12</u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u></u>			11. BIRTHPLACE (State or foreign country) <u>Marie Co (I) Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Henry C Cherry</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Sudden</u>		14. NAME OF HUSBAND OR WIFE <u>Wm Abe Crollay</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm Abe Crollay</u> ADDRESS <u>St James Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>				II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Rheumatism</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>5 years</u>				DUE TO (b) <u>Anemia</u>	
		DUE TO (c) <u>1 year</u>				CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>MI</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 16, 1949</u> , to <u>August 12, 1949</u> , that I last saw the deceased alive on <u>August 9, 1949</u> , and that death occurred at <u>7:00 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Hammler, M.D.</u> (Degree or title)				23b. ADDRESS <u>St. James, Mo</u>		23c. DATE SIGNED <u>8-16-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Meramec Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St James Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-17-49</u>		REGISTRAR'S SIGNATURE <u>Cora E. Birmingham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Creel E. LeKlode</u> ADDRESS <u>St James Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 23 1949

RECEIVED
Phelps County Health Officer,
County File Number
Date Filed AUG 19 1949

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Signed *Orval E. Liphich*

Signed
Student Embalmer

Licensed Embalmer No. *3544*

P. O. Address *St James 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.