

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38618**
Registrar's No. **10122**

FILED DEC 6 1949

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>5</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3683 - Montana</u>			d. STREET ADDRESS (If rural, give location) <u>WR</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Adelia</u> c. (Last) <u>Crocker</u>			4. DATE (Month) (Day) (Year) OF DEATH <u>NOV 21, 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Sept-20-1869</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR: Months <u>2</u> Days <u>1</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Francois County</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Fields</u>	
14. NAME OF HUSBAND OR WIFE <u>George W. Crocker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Crocker,</u>		ADDRESS <u>Flat River, Mo</u>		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, asthenia, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Endocarditis of Atrium</u> DUE TO (c)		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Flat River, Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>H 2000</u>		22. I hereby certify that I attended the deceased from <u>June 6, 1949</u> , to <u>Nov</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11/6</u> , 19 <u>49</u> , and that death occurred at <u>6-6</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Jos A. Granite M.D.</u>		23b. ADDRESS <u>5521 S. Parkway</u>		23c. DATE SIGNED <u>11/23/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov-23-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo</u>		DATE REC'D BY LOCAL REG. <u>NOV 25 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Luster</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>SPARKS</u>		ADDRESS <u>Flat River, Mo</u>			

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

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. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Murphy Sparks

Licensed Embalmer No. 4236

P. O. Address. Flat River, Va.

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.