

STANDARD CERTIFICATE OF DEATH

FILED MAY 12 1950

State File No.

No. 300
10.48

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

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4412 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Curryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Curryville</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BARBARA</u> b. (Middle) <u>KAY</u> c. (Last) <u>Cropp</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 26 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>D</u>	8. DATE OF BIRTH <u>Jan 22 1949</u>
9. AGE (In years last birthday) <u>1</u> Months <u>3</u> Days <u>4</u>		9. AGE (In years last birthday) <u>1</u> Months <u>3</u> Days <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St Louis, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>ERNEST J. Cropp</u>		13b. MOTHER'S MAIDEN NAME <u>Louise V. Reed</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernest J. Cropp, Curryville, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation from smoke & fire</u>		ANTECEDENT CAUSES		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death <u>Family home destroyed by fire</u>		DUE TO (c) _____	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>052</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>Curryville Pike Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>ap 26 50 8A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Family home destroyed by fire</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased live on 2-26, 1950, and that death occurred at 8A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Meade</u> (Degree or title) <u>Coroner 3</u>		23b. ADDRESS <u>Bowling Green Mo</u>		23c. DATE SIGNED <u>May 2-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 27 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Curryville</u>	
24d. LOCATION (City, town, or county) (State) <u>Curryville Mo</u>		24e. NAME OF FUNERAL DIRECTOR'S SIGNATURE <u>Grace Danforth</u>		24f. ADDRESS <u>Bowling Green Mo</u>	

DATE REC'D BY LOCAL REG. 5-5-50 REGISTRAR'S SIGNATURE Bill Robinson 25. FUNERAL DIRECTOR'S SIGNATURE Grace Danforth ADDRESS Bowling Green Mo

RECEIVED MAY 10 195
District Health Officer No
District File Number 5-50
Date Filed

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

working under my personal supervision.

Student embalmer No.....

Signed.....
Student Embalmer

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, fact should be so stated above.