

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30250

BIRTH NO. _____		REG. DIST. NO. <u>145</u>		PRIMARY REG. DIST. NO. <u>5566</u>		Registrar's No. <u>23</u>		
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Iron Township</u>		c. LENGTH OF STAY (If in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Iron Township</u>		<u>0470</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Banner</u>				d. STREET ADDRESS (If rural, give location) <u>near Banner</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Charles</u>	b. (Middle) <u>Montgomery</u>	c. (Last) <u>Crocker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11 1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 30 1869</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u>11</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Iron Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Crocker</u>			13b. MOTHER'S MAIDEN NAME <u>Marinda Thompson</u>			14. NAME OF HUSBAND OR WIFE <u>Maggie Midgett Crocker</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maggie Crocker, Banner 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyperstatic Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility of the aged</u> DUE TO (c) <u>Arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>Sept. 7, 1950</u> , to <u>Sept. 11, 1950</u> , that I last saw the deceased alive on <u>Sept. 7, 1950</u> , and that death occurred at <u>8.30P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>L. M. Starfield DO</u>				23b. ADDRESS <u>Farmington, Mo.</u>		23c. DATE SIGNED <u>9/15/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-14-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Abbott Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Goodwater Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Sept 18 - 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Elizabeth Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u>				

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lucy White

Licensed Embalmer No. 3012

P. O. Address Clinton, 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.