

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37884

State File No.

FILED NOV 24 1950

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 230

1. PLACE OF DEATH a. COUNTY Nodaway			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (in this place) 10 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		0742
d. FULL NAME OF HOSPITAL OR INSTITUTION 504 So. Fillmore			d. STREET ADDRESS (If rural, give location) 504 So. Fillmore		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) EDWIN	b. (Middle) WINIFRED	c. (Last) CROY	(Month) 11	(Day) 12	(Year) 50

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/23/75	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister - retired Methodist Church	10b. KIND OF BUSINESS OR INDUSTRY Methodist Church	11. BIRTHPLACE (State or foreign country) Wilcox, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Dexter Croy	13b. MOTHER'S MAIDEN NAME Melissa Croy	14. NAME OF HUSBAND OR WIFE Corintha Bruce Croy
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Mrs. E. W. Croy, Maryville, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 mi
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 19 47 to Nov. 12, 19 50, that I last saw the deceased alive on Nov 12, 19 50 and that death occurred at 3:30A m., from the causes and on the date stated above.

23a. SIGNATURE E. W. Croy (Degree or title) M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED Nov 13-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11/14/50	24c. NAME OF CEMETERY OR CREMATORY Edgewood	24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri
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DATE REC'D BY LOCAL REG. 11-18-50	REGISTRAR'S SIGNATURE Beas Holt	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home	ADDRESS Maryville, Mo.
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WRITE PLAINLY—USING UNFADING 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.

Signed.....

Robert L. Sauter

Signed.....

Student Embalmer

Licensed Embalmer No. *4782*

P. O. Address *Maryville, 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.