

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27908

BIRTH NO.		REG. DIST. NO. <u>291</u>	PRIMARY REG. DIST. NO. <u>4439</u>	Registrar's No. <u>37</u>
1. PLACE OF DEATH a. COUNTY <u>Putnam</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Unionville</u> c. LENGTH OF STAY (In this place) <u>30 days</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Livonia, Mo Grant 086</u> d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertrude</u> b. (Middle) <u>Florence</u> c. (Last) <u>Crooks</u>		4. DATE OF DEATH (Month) <u>Aug</u> , (Day) <u>11</u> , (Year) <u>1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug, 2 1881</u>	9. AGE (In years last birthday) <u>69</u> If under 1 year: Months <u>11</u> Days <u>29</u> If under 1 min. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Work</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>H.C. Cullum</u> 13b. MOTHER'S MAIDEN NAME <u>Matilda Beard</u> 14. NAME OF HUSBAND OR WIFE <u>Zora Crooks</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Zora Crooks</u> ADDRESS <u>Livonia, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		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>July 10, 1951</u> , to <u>August 1, 1951</u> ; that I last saw the deceased alive on <u>August 1, 1951</u> , and that death occurred at <u>10:50 P m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>L.W. McDonald Sr</u> (Degree or title)		23b. ADDRESS <u>St. John Ceme.</u>		23c. DATE SIGNED <u>8-3-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 4</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St John Ceme.</u> 24d. LOCATION (City, town, or county) (State) <u>Livonia Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-16-51</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u> 266		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. ...</u> ADDRESS <u>...</u>

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

Date Received: AUG 22 1951
DISTRICT HEALTH OFFICE #2
District File Number 8-51-1493
Date Filed: AUG 22 1951

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

J. O. Husted

Licensed Embalmer No.

2975

P. O. Address

Unionville N.C.

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.