.S. No. 300
EV. 10.48

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

FILED AUG 2 1952

STANDARD CERTIFICATE OF DEATH

State File No. 28451

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 348

1. PLACE OF DEATH
a. COUNTY: Jasper 049
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall
d. STREET ADDRESS (If rural, give location): 303 South Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): MYRL
b. (Middle):
c. (Last): CROCKETT

4. DATE OF DEATH (Month) (Day) (Year): August 2, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 16, 1891
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 5, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Nurseing
11. BIRTHPLACE (State or foreign country): Marshall, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Albert R. Crockett
13b. MOTHER'S MAIDEN NAME: Cora Hoover
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): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. R. M. King — ADDRESS: Webb City, Mo.

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) Volvulus Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: probably 3 or 4 weeks

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. Old cerebral hemorrhage

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 5/06
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-1-, 1952, *to* 8-2-, 1952, *that I last saw the deceased alive on* 8-2, 1952, *and that death occurred at* 1:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Ferguson M.D.
23b. ADDRESS: Fruco Bldg Joplin
23c. DATE SIGNED: Aug 2 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Ridge Park Cemetery
24d. LOCATION (City, town, or county) (State): Marshall, Missouri

DATE REC'D BY LOCAL REG.: 8-4-52
REGISTRAR'S SIGNATURE: Ed O James by Dolores Lampkins D.C.
25. FUNERAL DIRECTOR'S SIGNATURE: Sweeney Funeral Home — ADDRESS: Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-19-52
Jasper County Health Office
County File Number 52/2/147
Date Filed 8-19-52

OCT 22 1952

OCT 7 1952

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 Leonard J. Lewis Jr.
Licensed Embalmer No. 4561
P. O. Address Webb City 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.