

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38255

State File No.

EV. 10-48

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4197</u>		Registrar's No. <u>84</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>			
b. CITY OR TOWN <u>Stanberry</u>		c. LENGTH OF STAY (In this place) <u>59 yrs.</u>		c. CITY OR TOWN <u>Stanberry</u> <u>0380</u>		d. STREET ADDRESS (If rural, give location) <u>West 4th St.</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none.</u>				3. NAME OF DECEASED a. (First) <u>Ella</u> b. (Middle) <u>E.</u> c. (Last) <u>Croy</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>11-13-1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>4-2-1877</u>		9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		11. BIRTHPLACE (State or foreign country) <u>Maryville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Dexter G. Croy</u>		13b. MOTHER'S MAIDEN NAME <u>Millisa T. Tibbles</u>		14. NAME OF HUSBAND OR WIFE <u>none.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lussie Croy, Stanberry Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute bronchitis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> 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>11500</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Nov</u> , 19 <u>49</u> , to <u>Nov 13</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov 12</u> , 19 <u>52</u> , and that death occurred at <u>4:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul C. Mueselman M.D.</u> (Degree or title)				23b. ADDRESS <u>Stanberry Mo.</u>		23c. DATE SIGNED <u>11-15-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov-15-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stanberry Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-15-52</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Evan Johnson Stanberry Mo.</u>			

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

0380
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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 _____

J. Ewan Johnson

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *J. Ewan Johnson*

Licensed Embalmer No. *3492*

P. O. Address *Stantbury 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.