

S. No. 300
Ev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41665**

FILED DEC 17 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5141 Registrar's No. 552

0120

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

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fagus, Gillis Bluff Twp		c. LENGTH OF STAY (In this place) 1 yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fagus Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED a. (First) William Clay			b. (Middle) McCrorry		c. (Last) McCrorry
4. DATE OF DEATH Nov. 30, 1952			4. DATE (Month) (Day) (Year)		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 12, 1904		9. AGE (In years last birthday) 48		9. AGE (If under 1 year: Months Days If under 1 hour: Hours Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Linda, New Mad. Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Myrick McCrorry		13b. MOTHER'S MAIDEN NAME Ida McCrorry	
14. NAME OF HUSBAND OR WIFE Sadie McCrorry		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. Sadie McCrorry		17. INFORMANT'S SIGNATURE OR NAME Fagus, Mo.		ADDRESS	
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) Tuberculosis, Pulmonary		
INTERVAL BETWEEN ONSET AND DEATH 10 years			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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)		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>9-16</u> , 19 <u>52</u> , to <u>11-30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-30</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE J. W. Tronda, M.D. (Degree or title)			23b. ADDRESS Upper Bluff Mo.		23c. DATE SIGNED 12-5-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 2, 52		24c. NAME OF CEMETERY OR CREMATORY Stanfield cemte y	
24d. LOCATION (City, town, or county) Clarkton, Mo.		24e. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser. ADDRESS Dexter, Mo.	
DATE REC'D BY LOCAL REG. 12-8-52		REGISTRAR'S SIGNATURE Wm H. Johnson 428-1		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

RECEIVED
DEC 15 1952

BUTLER CO. HEALTH CENTER

FILE No. 1252600

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Depta, MD

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.