

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

043
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 24 1953

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Mexico		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Mexico	
d. FULL NAME OF HOSPITAL OR INSTITUTION 537 S. Fairgrounds		d. STREET ADDRESS (If rural, give location) 537 S. Fairgrounds	
3. NAME OF DECEASED a. (First) John b. (Middle) Cadmus c. (Last) Crockett		4. DATE OF DEATH (Month) (Day) (Year) Mar 18, 1953	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 7, 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, retired		10b. KIND OF BUSINESS OR INDUSTRY Crop	9. AGE (In years last birthday) 83
11. BIRTHPLACE (City and State or Foreign Country) Audrain Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David K. Crockett		13b. MOTHER'S MAIDEN NAME Sarah Wright	14. NAME OF HUSBAND OR WIFE Lillian Crockett
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 ADDRESS DAVE CROCKETT - Mexico, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Paronychia of bladder Prostate II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage of bladder Colic & mucus.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no op.	20. AUTOPSY? YES <input 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) Mexico, Missouri	
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 Jan 1, 1953, to Mar 18, 1953, that I last saw the deceased alive on Mar 18, 1953, and that death occurred at 4 P. M., from the causes and on the date stated above.			
23a. SIGNATURE H.A. Garret D.O.		23b. ADDRESS Mexico, Mo	23c. DATE SIGNED 3/19/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-20-53	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) Mexico, Missouri.
DATE REC'D BY LOCAL REG. Mar 19-1953	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. Brown, Jr. Mexico, Mo	

MAY 7 1954

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 Thos. P. Bolt

Licensed Embalmer No. 4332

P. O. Address Mexico, 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.