

3. No. 300
v. 10. 48

FILED JUN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18371

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5369 Registrar's No. 224

1. PLACE OF DEATH a. COUNTY <u>Jackson (Rural)</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hickman Mills (Brookings)</u>		c. CITY OR TOWN <u>Hickman Mills</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>43 YEARS</u>		e. STREET ADDRESS (If rural, give location) <u>8606 East 78th Street Terrace</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8606 East 78th Street Terrace</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Walter</u>	b. (Middle) <u>Samuel</u>	c. (Last) <u>Croft Sr.</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>May 25 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 18, 1889</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>FORMER OFFICIAL</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>UNION T.A.T.S. #170</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Allen County, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Sam Croft</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Gaberdiel</u>	14. NAME OF HUSBAND OR WIFE <u>Florence Croft</u>
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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>496-01-4720</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Walter S. Croft Jr.</u>	ADDRESS <u>8606 East 78th St Jackson</u>
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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 direct injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute thrombosis left ant-coronary</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic glomerular nephritis</u>		
	DUE TO (c) <u>arteriosclerosis - Generalized</u>		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to May 24, 1953, that I last saw the deceased alive on May 24, 1953, and that death occurred at 1:17 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert K. Muntz, M.D.</u> (Degree or title)	23b. ADDRESS <u>618 Prof Bldg -</u>	23c. DATE SIGNED <u>5-26-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 28 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>5-28-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>1331 [Address] Kansas City, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1

copy [unclear]

NOV 2 8 1956
NOV 1 1956

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.....
Signature of Student Embalmer

Signed *Paul V. Honey*.....

Licensed Embalmer No. *472*.....

P. O. Address *St. Helens, Ore.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. 18371

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 224

On this 18th. day of June, 1953, before me appears Carolyn J. Judy, who, upon her oath, states that the original record of ^{birth} death for Walter Samuel Croft, Sr., died May 25, 1953, 19....., in the State of Missouri, and which was filed at Hickman Mills, Mo. on May 28, 1953, should be corrected as follows:

Item No. 8 should read May 18, 1889

Instead of May 18, 1898

Item No. 9 should read 64

Instead of 55

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Carolyn J. Judy Relationship Daughter

1549 E. 40th
Kansas City, Mo. Present Address.

Subscribed and sworn to before me this 18th. day of June, 1953

My Commission Expires April 27, 1957

My Commission expires..... Notary Public. W. M. Lynn

Sup - 18371