

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21359**
Registrar's No. **575**

FILED JUN 22 1953
BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **4201**

390
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Republic		c. CITY (If outside corporate limits, write RURAL and give township) Republic	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) North Main Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION North Main Street			

3. NAME OF DECEASED (Type or Print) RUDY	a. (First)	b. (Middle)	c. (Last) MCCROSKEY	4. DATE OF DEATH June 16, 1953
---	------------	-------------	----------------------------	---------------------------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 11, 1878	9. AGE (In years last birthday) 75	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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Mixed Crops	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	--

13a. FATHER'S NAME McCroskey Mathey Carson	13b. MOTHER'S MAIDEN NAME Priscella J. Harris	14. NAME OF HUSBAND OR WIFE Genia McCroskey
---	--	--

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. No	17. INFORMANT'S SIGNATURE OR NAME Holland McCroskey	ADDRESS Preston, Kentucky
--	-----------------------------------	--	----------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		4 Days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Arteriosclerosis DUE TO (c)		
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 **6-13, 1953**, to **6-16, 1953** that I last saw the deceased alive on **June 16, 1953**, and that death occurred at **8:20 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE R. L. McDaniel	(Degree or title)	23b. ADDRESS Republic, Missouri	23c. DATE SIGNED 6/17/53
--------------------------------------	-------------------	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/18/53	24c. NAME OF CEMETERY OR CREMATORY Brookline Cemetery	24d. LOCATION (City, town, or county) (State) Brookline, Missouri
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. 6-17-53	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Max L. Fallett	ADDRESS Republic, Missouri
---	---	--	-----------------------------------

JUN 24 1953

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 John Mc Nabbs
Licensed Embalmer No. 4635

P. O. Address Republic, 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.