

STANDARD CERTIFICATE OF DEATH

State File No. 21935

BIRTH NO. <u>FILED JUN 23 1953</u>		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3427</u>		Registrar, No. <u>73</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Webb City</u>		c. LENGTH OF STAY (in this place) <u>6 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township or town) <u>Webb City</u>		d. STREET ADDRESS (If rural, give location) <u>732 N. Prospect</u> <u>0492</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>732 N. Prospect</u>				3. NAME OF DECEASED a. (First) <u>Cora</u> b. (Middle) <u>Alice</u> c. (Last) <u>Kirby</u>			
4. DATE OF DEATH <u>June 15, 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec. 30, 1869</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>		IF UNDER 1 HR. Hours <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph D. Croco</u>		13b. MOTHER'S MAIDEN NAME <u>Marg Estes</u>		14. NAME OF HUSBAND OR WIFE			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elma Howe, 732 N. Prospect</u> <u>Webb City, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Arterio sclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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>331X</u>				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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Aug 17, 1953</u> , to <u>June 14, 1953</u> that I last saw the deceased alive on <u>June 14, 1953</u> and that death occurred at <u>5:20 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>R. M. Strimont</u> (Degree or title) <u>M.D. O</u>		23b. ADDRESS <u>Webb City, Mo.</u>		23c. DATE SIGNED <u>6-15-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oronogo Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oronogo, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-16-53</u>		REGISTRAR'S SIGNATURE <u>Madeline S. Sinter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Johnston-Arnice-Simpson, Webb City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-22-53
Iasper County Health Office

County File Number 53-6-522
Date Filed 6-22-53

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Waco City, TX

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.