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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31481

State File No. ....

FILED OCT 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 936

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>	c. LENGTH OF STAY (In this place) <b>3 Days</b>	c. CITY OR TOWN <b>Walnut Grove</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OZARK OSTEOPATHIC HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>0390</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b> b. (Middle) <b>Joseph</b> c. (Last) <b>Croskary</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 4, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11/25/1884</b>	9. AGE (In years last birthday) <b>68</b>	10. IF UNDER 1 YEAR Months <b>10</b> Days <b>8</b> Hours <b>8</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired railroader</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Honeywell, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>J. J. Croskary</b>		13b. MOTHER'S MAIDEN NAME <b>Mary O'Neal</b>		14. NAME OF HUSBAND OR WIFE <b>Dora Croskary</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>707-07-0493</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dora Croskary, Walnut Grove, Mo.</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary failure</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Cerebral Thrombosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis.</b>		
	DUE TO (c) Diabetes Melitus Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>334X</b>	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) (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 10/1/53, 1953, to 10/4/53, 1953, that I last saw the deceased alive on 10/3/53, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Richard E. Wickett</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>700 E. Sunshine Springfield, Mo.</b>		23c. DATE SIGNED <b>10/4/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Oct 6 - 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Quincy Illinois</b>		
DATE REC'D BY LOCAL REG. <b>10-5-53</b>	REGISTRAR'S SIGNATURE <b>Earl Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Bruce Daniel Walnut Grove Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 20 1958

STATE BOARD OF HEALTH, ALABAMA

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.....

*Joseph L. Daniels*

Licensed Embalmer No. 4702

P. O. Address *Ash Grove*

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.