

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42644**

FILED DEC 31 1953

BIRTH NO. _____ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **4202** Registrar's No. **14**

0400

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

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Spickard		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Spickard 0400	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) MOLLIE	b. (Middle) ELIZABETH	c. (Last) CROCKETT	4. DATE OF DEATH (Month) (Day) (Year) DEC-26-1953
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR-12-1870	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES CROCKETT	13b. MOTHER'S MAIDEN NAME BETTY MEARS	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MRS. JAMES BROCHART	ADDRESS TRENTON MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH about one year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Carcinoma of the intestines		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 153 X YES <input 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) (Min.)	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 **Sept 11, 1953**, to **Dec. 26, 1953**, that I last saw the deceased alive on **Nov. 11, 1953**, and that death occurred at **2:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. H. Killers M.D.	23b. ADDRESS Trenton, Mo.	23c. DATE SIGNED 12-26-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC-27-1953	24c. NAME OF CEMETERY OR CREMATORY MARTIN CEM.	24d. LOCATION (City, town, or county) (State) GRUNDY CO. MO.
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DATE REC'D BY LOCAL REG. 12-29-53	REGISTRAR'S SIGNATURE Ms. Jennie Campbell	25. FUNERAL DIRECTOR'S SIGNATURE B. CHODLER	ADDRESS FUNERAL HOME Spickard MO.
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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

Ross Wial

Licensed Embalmer No. 3771

P. O. Address. Spickard 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.