

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45027

State File No.

FILED JAN 21 1954

BIRTH NO. _____		REG. DIST. NO. <u>109</u>		PRIMARY REG. DIST. NO. <u>5423</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2179</u>			
b. CITY OR TOWN <u>Senath</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>3932 Folsom Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Auto accident</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u> b. (Middle) <u>Leon</u> c. (Last) <u>Croft</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 14, 1953</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>February 28, 1924</u>		9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>15</u>	IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee of</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fisher Body Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Craighead County, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>J. H. Croft</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Edwards</u>		14. NAME OF HUSBAND OR WIFE <u>Earline Croft, St. Louis</u>			
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>yes</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. H. Croft, Paragould, Arkansas</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a). <u>Cerebral Concussion due to Automobile Accident.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 min.</u>	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>I.M.S.H. #25</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Senath, Dunklin Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 14, 1953 2A m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car hit telephone pole.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul C. Mittenbergo M.D.</u>				23b. ADDRESS <u>Mitchell Home</u>		23c. DATE SIGNED <u>1-16-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linwood</u>		24d. LOCATION (City, town, or county) (State) <u>Paragould, Arkansas</u>		
DATE REC'D BY LOCAL REG. <u>1-19-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. Daniels</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mitchell Funeral Home, Paragould, Ark</u>			

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

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JAN 25 1954

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Richard M. Mitchell

Signed.....
Student Embalmer

Licensed Embalmer No. 703

P. O. Address Paragard, Ark

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.