

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17960

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>699</u>	
1. PLACE OF DEATH a. COUNTY <u>Bushman,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Heath</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>3 1/2 PM-6 deg</u>		c. CITY OR TOWN <u>Stauberry</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2.</u>				e. STREET ADDRESS (If rural, give location) <u>0380</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>OLIVE</u>		b. (Middle) <u>—</u>		c. (Last) <u>CROCKETT.</u>	
4. DATE OF DEATH		(Month) <u>6</u> (Day) <u>27</u> (Year) <u>1954.</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single.</u>		8. DATE OF BIRTH <u>7-9-1892.</u>		9. AGE (in years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>?</u> Days <u>?</u> IF UNDER 24 HRS. Hours <u>?</u> Min. <u>?</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teacher.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stauberry Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W.W. Crockett</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Witten.</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u> (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J.A. Crockett, M.D., Stauberry, Missouri.</u> ADDRESS <u>Stauberry, Missouri.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Arthritis (Rheumatism).</u> 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 <u>yes</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>7220</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) _____			
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 <u>1-1-1950</u> , to <u>6-26-1954</u> , that I last saw the deceased alive on <u>6-27-1954</u> , and that death occurred at <u>7:40 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harriet Thomas.</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>State Hospital No. 2, St. Joseph, Mo.</u>		23c. DATE SIGNED <u>6-27-1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>6/27/54</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Albany, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 1, 1954</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>485-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hester-Brown</u>		ADDRESS <u>St. Joseph, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *James B. Hawkins*.....

Licensed Embalmer No. 453.....

P. O. Address 319 E. 10th.....

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.