

No. 300  
10.48

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43234**

BIRTH NO. **21228-54** REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **138**

1. PLACE OF DEATH  
a. COUNTY **Clay**  
b. CITY OR TOWN **Excelsior Springs**  
c. LENGTH OF STAY (in this place) **1 day**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **Excelsior Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri**  
b. COUNTY **Clay**  
c. CITY OR TOWN **Richmond**  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) **161 Grandview St. 0891**

3. NAME OF DECEASED  
a. (First) **DAVID**  
b. (Middle) **Paul**  
c. (Last) **CROBTRIE**

4. DATE OF DEATH **December 27 1954**  
(Month) (Day) (Year)

5. SEX **0**  
**male**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **never married**

8. DATE OF BIRTH **February 13, 1954**

9. AGE (In years last birthday) **10** IF UNDER 1 YEAR: Months **13** Days **13** IF UNDER 24 HRS. Hours **13** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **none**

10b. KIND OF BUSINESS OR INDUSTRY **none**

11. BIRTHPLACE (City and State or Foreign Country) **Excelsior Springs Hospital**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Luell Leath**

13b. MOTHER'S MAIDEN NAME **Francis White**

14. NAME OF HUSBAND OR WIFE **never married**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME **Luell Leath** ADDRESS **Richmond Missouri**

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) **Acute Dilatative Heart Failure**  
ANTECEDENT CAUSES **Viscus Infection taken 4 days**  
DUE TO (b) **Toxemia**  
DUE TO (c) **Toxemia**  
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

20. AUTOPSY? YES  NO

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)  
**7730**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **12-26-54** to **12-27-54**, that I last saw the deceased alive on **12-27-54**, and that death occurred at **5:00 P.M.** from the causes and on the date stated above.

23a. SIGNATURE **L. B. Shy M.D.** (Degree or title)

23b. ADDRESS **Richmond Mo**

23c. DATE SIGNED **12-27-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **December 28, 1954**

24c. NAME OF CEMETERY OR CREMATORY **Sunny Slope**

24d. LOCATION (City, town, or county) (State) **Richmond, Missouri**

DATE REC'D BY LOCAL REG. **12/29/54**

REGISTRAR'S SIGNATURE **62-0.1 Caroline Hutchings**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **2005T-4116 FUNERAL HOME RICHMOND, MISSOURI in the D.D. file**

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

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4066

P. O. Address Richmond, Va.

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.