

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 24 1955

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Cedar</u> <u>0201</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Spgs.</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Hickory Street</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Spgs. 0201</u>	
		d. STREET ADDRESS (If rural, give location) <u>West Hickory St. 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Yvett</u> b. (Middle) <u>Gilbert</u> c. (Last) <u>Crook</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-21-55</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 24, 1888</u>		9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Clay County, Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Line Crook</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Clara Crook</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Clara Crook - El Dorado Spgs.</u>		17. ADDRESS _____		17. ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of common bile duct</u>						<u>unknown</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		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. <u>155X</u>					
19a. DATE OF OPERATION <u>10-20-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>inoperable carcinoma of common bile duct</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 9-21, 1954, to 1-21, 1955, that I last saw the deceased alive on 1-21, 1955, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert D. Ingeles M.D.</u>		23b. ADDRESS <u>El Dorado Springs, Mo.</u>		23c. DATE SIGNED <u>1-22-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-23-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Spgs. Cemetery, El Dorado Spgs., Mo.</u>	
24d. LOCATION (City, town, or county) (State) _____		24e. FUNERAL DIRECTOR'S SIGNATURE <u>George W. Majors</u>		24f. ADDRESS <u>El Dorado Spgs., Mo.</u>	

DATE REC'D BY LOCAL REG. <u>1/22/55</u>		REGISTRAR'S SIGNATURE <u>George W. Majors</u>		418-25	
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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
Student Embalmer

Signed Max W. Pickering

Licensed Embalmer No. 4696

P. O. Address E. Donaldson

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.