

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15255

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5490 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY Harrison
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Harrison

b. CITY (If outside corporate limits, write RURAL and give township) White Oak Twp. c. LENGTH OF STAY (If in this place) 78 Yrs
c. CITY OR TOWN New Hampton d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 2 3/4 miles Northeast of New Hampton e. STREET ADDRESS (If rural, give location) 2 3/4 miles N. E. of New Hampton

3. NAME OF DECEASED
a. (First) William b. (Middle) (none) c. (Last) McCrorey
4. DATE OF DEATH (Month) (Day) (Year) May 15, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Jan. 14, 1877 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farm 11. BIRTHPLACE (City and State or Foreign Country) Harrison County, Missouri 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Thomas McCrorey 13b. MOTHER'S MAIDEN NAME Florence Stinson 14. NAME OF HUSBAND OR WIFE Laura McCrorey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X 16. SOCIAL SECURITY NO. (None) 17. INFORMANT'S SIGNATURE OR NAME Johnnie McCrorey ADDRESS New Hampton, Mo.

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) Pericarditis with Effusion
INTERVAL BETWEEN ONSET AND DEATH 1 mo.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
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? 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) New Hampton Missouri

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 April, 1955, to May 15, 1955, that I last saw the deceased alive on May 14, 1955, and that death occurred at 8:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE P. L. Krum (Degree or title) D. O. 23b. ADDRESS New Hampton Mo. 23c. DATE SIGNED 5-16-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 17, 1955 24c. NAME OF CEMETERY OR CREMATORY Foster Cemetery 24d. LOCATION (City, town, or county) (State) New Hampton Missouri

DATE REC'D BY LOCAL REG. 5/17/55 REGISTRAR'S SIGNATURE Zola Burris 116-0 25. FUNERAL DIRECTOR'S SIGNATURE W. H. Noble ADDRESS New Hampton Mo.

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 emb
by me, or by William George Noble....., Student Embalmer No. 513
working under my personal supervision..

Student William George Noble
Signature of Student Embalmer

Signed W G Noble.....

Licensed Embalmer No. 2904.....

P. O. Address New Hampton..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.