

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19115

State File No.

FILED JUL 6 - 1955

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 254

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| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> | | c. LENGTH OF STAY (in this place) _____ | c. CITY OR TOWN <u>Joplin</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Freeman Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>2409 Pearl Street.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Lev</u> c. (Last) <u>Crockett</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-10-1955</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>5-15-1888</u> | 9. AGE (In years last birthday) <u>67</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wholesale Oil</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Oil</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Barry County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |

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| 13a. FATHER'S NAME <u>Albert Crockett</u> | 13b. MOTHER'S MAIDEN NAME <u>Ellen Ellers</u> | 14. NAME OF HUSBAND OR WIFE <u>Ethel Crockett</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>None</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Crockett</u> ADDRESS <u>2409 Pearl, Joplin, Mo</u> |

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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>491X</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS <u>Cerebral Scurff</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Arteriosclerosis heart disease</u> | | |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>J. W. K. K. K.</u> | 23b. ADDRESS <u>805 Frisco Bldg. Joplin, Mo</u> | 23c. DATE SIGNED <u>6/13/55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6-11-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>6-30-55</u> | REGISTRAR'S SIGNATURE <u>Myrdal</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Samuel Dillon</u> ADDRESS <u>Joplin, Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 7 1935

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 *David Wilson*

Licensed Embalmer No. *3898*

P. O. Address *Joplin, Mo*

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.