

FILED AUG 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27324

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 6032 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Ripley</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Doniphan</b>		c. CITY OR TOWN <b>Rural</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>4 wks.</b>		e. STREET ADDRESS (If rural, give location) <b>5 miles E. of Doniphan 0980</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>5 miles E. of Doniphan</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARTI N</b> b. (Middle) <b>LUTHER</b> c. (Last) <b>CROOK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 10, 1955</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>March 15-1902</b>
9. AGE (In years last birthday) <b>53</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ripley County, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Allen A. Crook</b>		13b. MOTHER'S MAIDEN NAME <b>Martha E. Crook</b>	14. NAME OF HUSBAND OR WIFE <b>never married</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dave Crook Doniphan Rt. # 1, Mo.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lymphocytic Leukemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 <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) <b>2040</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>6-22, 1955</u> , to <u>6-23, 1955</u> , that I last saw the deceased alive on <u>6-23, 1955</u> , and that death occurred at <u>7:10 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>D. Bigard, M.D.</i>		23b. ADDRESS <i>9 Taper Bluff, Mo.</i>	23c. DATE SIGNED <i>7/21/55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/12/1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Ripley Co., Missouri</b>
DATE REC'D BY LOCAL REG. <b>7-24-55</b>	REGISTRAR'S SIGNATURE <i>CR Johnston</i> <b>277</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Edwards Funeral Home-Doniphan, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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 *Gene H. Parre*.....

Licensed Embalmer No. *480*.....

P. O. Address *Doings*.....

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.