

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10257

BIRTH NO.		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 6026		Registrar's No. 3			
1. PLACE OF DEATH a. COUNTY Reynolds				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a: STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Carroll		c. LENGTH OF STAY (In this place) ##		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes # No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 12 mi. NW of Centerville				e. STREET ADDRESS (If rural, give location) 2344 Park Ave. 223					
3. NAME OF DECEASED (Type or Print)		a. (First) ROY		b. (Middle) LEE		c. (Last) CROCKER			
4. DATE OF DEATH		(Month) Mar.		(Day) 24		(Year) 1956			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Dec. 15 1943			
9. AGE (In years last birthday) 12		IF UNDER 1 YEAR Months 3		IF UNDER 1 YEAR Days 9		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school boy		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Black Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Curtis Crocker		13b. MOTHER'S MAIDEN NAME Jewell Cash		14. NAME OF HUSBAND OR WIFE ##					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Curtis Crocker, 2344 Park St. Louis					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) compound fractures of skull left side, vault and base ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				INTERVAL BETWEEN ONSET AND 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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) forest service road		21c. (CITY, TOWN, OR TOWNSHIP) 090 (COUNTY) Reynolds Co. Mo.		(STATE)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Mar. 24 1956 2:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? auto accident					
22. I hereby certify that I attended the deceased from by coroners investigation, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 P.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Robert Reed Acting Coroner				23b. ADDRESS Centerville Mo.		23c. DATE SIGNED 3-29-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3-26-56		24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery		24d. LOCATION (City, town, or county) (State) Black, Missouri			
DATE REC'D BY LOCAL REG. 3/29/56		REGISTRAR'S SIGNATURE E. H. Gentry		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Iron ton Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

APR 3 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Aucely White*.....

Licensed Embalmer No *301*.....

P. O. Address *Sminton*.....

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