

FILED MAY 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15413**BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **141**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Schuyler-0980	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN Kirkville 4		c. CITY OR TOWN Queen City	
c. LENGTH OF STAY (in this place) 2 yrs. 13 wks.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Community Nursing Home #1		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Boon Edie Boon			b. (Middle) Crook		
c. (Last) Crook			4. DATE OF DEATH (Month) (Day) (Year) April 5, 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct 31 1872	9. AGE (In years last birthday) 83	10. IF UNDER 1 YEAR Months 5 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Memphis Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME ALLEN CROOK		13b. MOTHER'S MAIDEN NAME SARAH DILKO	
14. NAME OF HUSBAND OR WIFE FRANCES CROOK		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME J. Quin Cook		17. ADDRESS 11712 1/2 E 1160		18. CAUSE OF DEATH	

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) Medullary Anoxia		ANTECEDENT CAUSES		12 hrs.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Cardiac De-compensation		72 hrs.	
DUE TO (c) Metastatic Carcinoma				6 mos.	
II. OTHER SIGNIFICANT CONDITIONS		Prostatic Carcinoma		2 yrs.	
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)	
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 Jan. 16, 1956 , to April 5, 1956 , that I last saw the deceased alive on April 5, 1956 , and that death occurred at 4:10 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE George H. Scheuren, D.O.		23b. ADDRESS Kirkville, Mo.		23c. DATE SIGNED 4-5-56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Apr 7 1956		24c. NAME OF CEMETERY OR CREMATORY Greenwood	
24d. LOCATION (City, town, or county) Greenwood		24e. LOCATION (City, town, or county) Greenwood		24f. LOCATION (City, town, or county) MU	
DATE REC'D BY LOCAL REG. 4-7-56		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Morehead & Norman Lancaster MU	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Donald L. Foster*

Licensed Embalmer No. *474*
P. O. Address *Fulerville*

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.