

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 6 - 1956

STATE FILE NUMBER

Registration District No. 69 Primary Registration District No. 4122 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Nixa		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clever Nixa Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nixa Rest Home		Length of stay in lb 1 Year	d. STREET ADDRESS (If outside, give location) No Street Address Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) THOMAS McCROSKEY	First Middle Last	4. DATE OF DEATH July 27, 1956	Month Day Year
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 26, 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Co. Official	10b. KIND OF BUSINESS OR INDUSTRY Western Judge	11. BIRTHPLACE (City and state or country) Clever, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME William Campbell McCroskey	14. MOTHER'S MAIDEN NAME Mary Ann Johnson
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Fred McCroskey, Rt. 1, Clever, Mo.	Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) medullary failure		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) toxemia		several hrs.
	DUE TO (c) Carcinoma of stomach		only year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) old age		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 8-10-55 to 7-26-56 and last saw her/him alive on 7-26-56 Death occurred at 4:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold Kropper D.D.	22b. ADDRESS Nixa, Mo.	22c. DATE SIGNED 7-27-56
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/29/1956	23c. NAME OF CEMETERY OR CREMATORY Frazier Cemetery	23d. LOCATION (City, town, or county) (State) Clever, Missouri
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24. FUNERAL DIRECTOR Max Harris ADDRESS Clever, Mo.	25. DATE RECD. BY LOCAL REG. July 31-1956	26. REGISTRAR'S SIGNATURE Olive Hutter
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(Licensed Embalmer's Statement on Reverse Side)

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diseases in Part I. must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....

J. Alan Harris

Licensed Embalmer No. *43*

P. O. Address *Clever, Mo.*

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.