

FILED OCT 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

29715

Registration District No. 1 Primary Registration District No. 3005 Registrar's No. 297

3000
1-56

Doctor, coroner, etc. must-use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hi way #63, at Millard		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION On Hi way #63, Millard			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) R. F.D. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Bertha (Eva) Eyelyn Crout			4. DATE OF DEATH Sept. 25, 1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 1, 1891	9. AGE (In years part birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Adair County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Thomas Wood			14. MOTHER'S MAIDEN NAME Sarah G. Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X	17. INFORMANT Address O. C. Crout, Kirksville, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Compound fracture of skull & internal injuries.</i>					INTERVAL BETWEEN ONSET AND DEATH <i>instant</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) 8124
DUE TO (c)					25
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT-RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <i>stepped in front of car & was struck by same.</i>				
20c. TIME OF INJURY Hour: 1:50 p. m. Month, Day, Year: 9/25/56					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Hi way #63, at Millard	20f. CITY, TOWN, OR LOCATION MILLARD	COUNTY Adair County, Mo.	STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 1:50 P.M. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert B. Davis (Degree or title) Coroner A. d. C.			22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 9-25-1956
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/29/56	23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery		23d. LOCATION (City, town, or county) (State) La Plata, Missouri.	
24. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 9-29-56		26. REGISTRAR'S SIGNATURE Kate Lambert	

NOV 9 1958

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 *Kenneth E. Hayes*

Licensed Embalmer No. *489*

P. O. Address *Kirkville*

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.