

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2427

Registration District No. 299 Primary Registration District No. 6028 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lesterville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lesterville Twp. <sup>900</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 mi. NW of Lesterville		Length of stay in 1b life	d. STREET ADDRESS (If outside, give location) 4 mi. NW of Lesterville Reside on Farm <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last RICHARD SAMUEL CROCKER			4. DATE OF DEATH Month Day Year Jan. 14 1957			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 19 1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min. 9 25	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Reynolds Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13. FATHER'S NAME Sidney Samuel Crocker		14. MOTHER'S MAIDEN NAME Amanda Keith	
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 Address Ovel Crocker, Lesterville 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>Endo-Garditis</i> DUE TO (b) <i>Artero-Sclerosis</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i> /
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4214		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.)	
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

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at 4:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Type or title) <i>E. M. Fitzpatrick MD</i>	22b. ADDRESS <i>Lesterville Mo</i>	22c. DATE SIGNED <i>1/17/57</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1-16-57	23c. NAME OF CEMETERY OR CREMATORY Rayfield Cemetery	23d. LOCATION (City, town, or county) (State) Lesterville Mo.
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24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo. <i>Annel White</i> (Licensed Embalmer's Statement on Reverse Side)	25. DATE RECD. BY LOCAL REG. <i>1/16/57</i>	26. REGISTRAR'S SIGNATURE <i>E. M. Fitzpatrick</i>
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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

MEDICAL CERTIFICATION

Received 1-18-57

Reynolds County Health

File No. 157 - 5

**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 *Amelia J. White* .....

Licensed Embalmer No. 3012

P. O. Address *Durston*

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.