

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12438**

FILED APR 18 1957

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **53**

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

| | | | |
|--------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Cass | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass | |
| b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN Harrisonville | c. LENGTH OF STAY (In this place) 1 Day | c. CITY OR TOWN Harrisonville | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital | | e. STREET ADDRESS (If rural, give location) 104 South St | |

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|-----------------------------------------------------------------|------------|-------------|-----------|-----------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) MARY ALICE CROOKS | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) April 9 1957 |
|-----------------------------------------------------------------|------------|-------------|-----------|-----------------------------------------------------------|

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|----------------------|-------------------------------|-----------------------------------------------------------------------|------------------------------------|-------------------------------------------|------------------------|------------------------|----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Mar 8 1878 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 1 MIN. Min. |
|----------------------|-------------------------------|-----------------------------------------------------------------------|------------------------------------|-------------------------------------------|------------------------|------------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or County, Country) Cedar Co Mo | 12. CITIZEN OF WHAT COUNTRY? USA |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------|-----------------------------------------|

| | | |
|---------------------------------------------|----------------------------------------------|-------------------------------------------------|
| 13a. FATHER'S NAME Jasper H Burchett | 13b. MOTHER'S MAIDEN NAME Mary Brooks | 14. NAME OF HUSBAND OR WIFE W. A. Crooks |
|---------------------------------------------|----------------------------------------------|-------------------------------------------------|

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|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|------------------------------------|
| 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. None | 17. INFORMANT'S SIGNATURE OR NAME W. D. Dwyer | ADDRESS SILVER SPRINGS, MD. |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 16 hrs. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) hypertension | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 4 201 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--------------|----------------------------------------------------------------------------------|

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|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| 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? |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------|

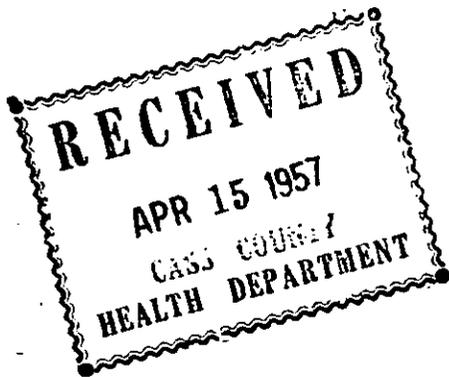
22. I hereby certify that I attended the deceased from **Oct 1956**, to **4-9-1957**, that I last saw the deceased alive on **4-9-1957**, and that death occurred at **6:45 A.M.** from the causes and on the date stated above.

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|----------------------------------------|-------------------|--------------------------------------|---------------------------------|
| 23a. SIGNATURE Edward S. Jowers | (Degree or title) | 23b. ADDRESS Harrisonville Mo | 23c. DATE SIGNED 4-17-57 |
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|-------------------------------------------|--------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE April 12-1957 | 24c. NAME OF CEMETERY OR CREMATORY Dallas Cemetery | 24d. LOCATION (City, town, or county) (State) Harrisonville Mo |
|-------------------------------------------|--------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------|

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|-----------------------------------------------|-------------------------------------------|---------------------------------------------------|---------------------------------|
| DATE REC'D BY LOCAL REG. April 12 1957 | REGISTRAR'S SIGNATURE Dora Barwood | FUNERAL DIRECTOR'S SIGNATURE Burman Burgis | ADDRESS Harrisonville Mo |
|-----------------------------------------------|-------------------------------------------|---------------------------------------------------|---------------------------------|

457-0
4-8 April 12 1957



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 *James R. Phillips*

Licensed Embalmer No. *4641*

P. O. Address *Narisonville*

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.