Health, Welfare Public Service

300 1-56 3

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18344

STATE FILE NUMBER

FILED JUN 14 1957 Registration District No. 314 Primary Registration District No. 6064 Registrar's No.

1. PLACE OF DEATH a. COUNTY St. Clair	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural- Osceola — Inside Limits Yes ☐ No #	c. CITY OR TOWN Kansas City 3533 Wayne 3528 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Osceola Twnp; — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 3533 Wayne — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print): First Robert — Middle Tustin — Last Crooker

4. DATE OF DEATH: Month May Day 18, Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: July 3,1910

9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder

10b. KIND OF BUSINESS OR INDUSTRY: Chev; Plant K.C.

11. BIRTHPLACE (City and state or country): Kansas City Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lucius Owen Crooker

14. MOTHER'S MAIDEN NAME: Edythe Tustin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW # 2

16. SOCIAL SECURITY NO.: 496-05-0881

17. INFORMANT: Mrs. Edythe Crooker, Kan ; Address: City Mo:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Drowning — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Car leaving Highway and over Bank into River

DUE TO (c): 8234 32

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 ☐ NO X

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Car Ran off highway and into Weaubleau River

20c. TIME OF INJURY: Hour a. m. p. m. 3:00 — Month, Day, Year

093

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK X

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Highway # N

20f. CITY, TOWN, OR LOCATION: Osceola St; COUNTY: Clair STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 3:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Forrest B Goodrich Coroner 3

22b. ADDRESS: Osceola Missouri

22c. DATE SIGNED: 5/19/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/21/57

23c. NAME OF CEMETERY OR CREMATORY: Washington

23d. LOCATION (City, town, or county): Kansas City (State) Mo ;

24. FUNERAL DIRECTOR: Goodrich FUNERAL HOME ADDRESS: OSCEOLA MO

25. DATE RECD. BY LOCAL REG.: 5/27-57

26. REGISTRAR'S SIGNATURE: Ruth Sievers

(Licensed Embalmer's Statement on Reverse Side)

JUN 14 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.