

U. S. 300  
Rev. 1-57

# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED DEC 16 1957

Registration District No.

42

Primary Registration District No.

1000

Registrar's No. 1340

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Halls		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Mo. Meth. Hospital			Length of stay in lb 5 hours	d. STREET ADDRESS (If outside, give location) Route 2, Rushville		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Florida Ermine Crockett				4. DATE OF DEATH Month Day Year Dec. 3, 1957			
5. SEX Female	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 Dec. 19, 1878		9. AGE (In years last birthday) FINDER 1 YEAR IF UNDER 24 HRS. 78 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Jamestown, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Crouch			13b. MOTHER'S MAIDEN NAME Mary Jane Dishman		14. NAME OF HUSBAND OR WIFE Moses P. Crockett		
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 Address M. P. Crockett, Halls, Mo. Rushville 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) <u>Arteriosclerotic Heart Disease &amp; Congestive failure.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Old Cerebral Vascular Hemorrhage with left Hemiplegia &amp; Paralysis of the Throat.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>						INTERVAL BETWEEN ONSET AND DEATH unknown  2 years	
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 p.m.							
20d. INJURY OCCURRED WHILE AT <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.) <del>Missouri Methodist Hosp</del> St. Joseph, Missouri		20f. CITY, TOWN, OR LOCATION St. Joseph, Missouri		COUNTY STATE	
21. I attended the deceased from <u>12-2-57</u> to <u>12-3-57</u> and last saw her alive on <u>12-3-57</u> Death occurred at <u>3:30 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Martin H. Christ</u> M.D.				22b. ADDRESS St. Joseph, Mo. 6106 King Hill Ave.		22c. DATE SIGNED 12-4-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 5, 1957		23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		23d. LOCATION (City, town, or county) (State) Buchanan County, Mo.	
24. BURIAL DIRECTOR Clark Funeral Home				25. DATE RECD. BY LOCAL REG. Dec. 10, 1957		26. REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</u>	

(Licensed Embelmer's Statement on Reverse Side)

*Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related. Men Overlooked + Listed at H*

**USE ONLY BLACK INK OR RIBBON**

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 .....

Licensed Embalmer No. 4238

P. O. Address .....

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.