

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 2 1958

State File No. **45030**

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4305** Registrar's No. **77**

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anderson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anderson	
c. LENGTH OF STAY (in this place) 4 months		d. STREET ADDRESS (If rural, give location) Route # 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route # 2			

3. NAME OF DECEASED (Type or Print) a. (First) Beulah	b. (Middle) Burnetta	c. (Last) Croft	4. DATE OF DEATH (Month) (Day) (Year) Dec. 22, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 8, 1888	9. AGE (In years last birthday) 69	10. MONTHS 1	11. DAYS 14	12. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Logan Co. Illinois		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Maltby Taylor Croft	13b. MOTHER'S MAIDEN NAME Lydia Emmaline Curry	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel Krause Anderson, Mo.	ADDRESS
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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 Months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver		
	ANTECEDENT CAUSES Metastasis of Long Bones, Spinal Cord Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. PRIMARY SITE of Malignancy right DUE TO (b) BREAST - SURGICAL JUNE 1955		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 170X	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) (Min.)	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 **Mar 1957**, to **Dec 1957**, that I last saw the deceased alive on **12/21, 1957**, and that death occurred at **6:30A** m., from the causes and on the date stated above.

23a. SIGNATURE A. B. Smith	(Degree or title) 1	23b. ADDRESS Anderson Mo	23c. DATE SIGNED 12/23/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/24/57	24c. NAME OF CEMETERY OR CREMATORY Anderson Cemetery	24d. LOCATION (City, town, or county) (State) Anderson, Missouri
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 12-26-57	25. FUNERAL DIRECTOR'S SIGNATURE Robt. H. Anderson, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

42 3 0

(Licensed Embalmer's Statement on Reverse Side)

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

Student Embalmer

Signed _____

Carl Rapp

Licensed Embalmer No. 3458

P. O. Address Anderson, Missouri

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 this body is not embalmed, fact should be so stated above.