

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021589

STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 653

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield ⁰³⁹⁶ ₀
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1886 Robberson		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1886 N. Robberson
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First ROBERT Middle C. Last McCRORY			4. DATE OF DEATH Month June Day 22 , Year 1958			
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8 Sept. 1871	9. AGE (In years last birthday) 86	FUNDED 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Employee	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Mississippi	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles McCrory	13b. MOTHER'S MAIDEN NAME Permelia Hughes	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT Dorothy Fullerton	Address Springfield, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Pancreas		INTERVAL BETWEEN ONSET AND DEATH 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
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 <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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ 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.)	20f. CITY, TOWN, OR LOCATION 157X	COUNTY Greene	STATE
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21. I attended the deceased from Nov 1952 to 6/22/58 and last saw him ^{her} alive on 21 June 58 Death occurred at 3:40 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ernest E. Knott, M.D. (Degree or title)	22b. ADDRESS 1630 N. Jefferson Springfield, Missouri	22c. DATE SIGNED 23 June 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-24-58	23c. NAME OF CEMETERY OR CREMATORY Bellview Cemetery	23d. LOCATION (City, town, or county) (State) Greene County, Missouri
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24. FUNERAL DIRECTOR J.W. Klingner & Co.	ADDRESS Spgrfd. Mo.	25. DATE RECD. BY LOCAL REG. 6-24-58	26. REGISTRAR'S SIGNATURE Effie G. Melton
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

All diseases in Part I must be causally related.

NOV 30 1966

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 *Max Howard*

Licensed Embalmer No. 407
P. O. Address *Shreveport*

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.