

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026581
State File No.

FILED AUG 12 1958

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 4436 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Ralls		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, write RURAL and give township) New London		c. CITY OR TOWN New London ⁰⁸⁷⁹	
c. LENGTH OF STAY (In this place)		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			
STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Oran c. (Last) Crockett			4. DATE OF DEATH (Month) (Day) (Year) July 21 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 11 1889	9. AGE (In years last birthday) 69	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ralls County Near Perry	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME David Crockett		13b. MOTHER'S MAIDEN NAME Elizabeth Trail		14. NAME OF HUSBAND OR WIFE Virginia Mitchell	
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. 491-24-1880		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Virginia Crockett New London	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 4201	
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 July 21, 1958, to July 21, 1958, that I last saw the deceased alive on July 21, 1958, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. P. Hansen D.O.		23b. ADDRESS Frankford Mo		23c. DATE SIGNED 7/24/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 24 1958		24c. NAME OF CEMETERY OR CREMATORY Ladonia	
24d. LOCATION (City, town, or county) (State) Mo.					

DATE REC'D BY LOCAL REG. 7/24/58		REGISTRAR'S SIGNATURE Clyde C. Leisner		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. M. Mowen Frankford Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6 870

AUG 13 1958

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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.....
Dore Fields Megow

Licensed Embalmer No.
4093

P. O. Address.....
Frankford

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.

Handwritten notes and signatures at the bottom of the page.