

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039202
STATE FILE NUMBER

FILED DEC 3 1958 Registration District No. 59 Primary Registration District No. 5224 Registrar's No. 16

S. 300
V. 1-57

1. PLACE OF DEATH a. COUNTY CASS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CASS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GRAND River Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN HARRISONVILLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 miles SW Harrisonville		Length of stay in lb 13 years	d. STREET ADDRESS P.R. 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CONDRY Middle EVERT Last CROY			4. DATE OF DEATH Month Nov Day 16 Year 1958		
5. SEX male	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 APRIL 23 1889		9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) DAVIS COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME FRANCES A. CROY		13b. MOTHER'S MAIDEN NAME CARRIE M. TIBBLES		14. NAME OF HUSBAND OR WIFE M. LORED CROY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. 48-0530 43	17. INFORMANT Address M. LORED CROY 413 HARRISONVILLE, 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) CARCINOMA Stomach					INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					151X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Metastatic Adenocarcinomatosis					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.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ 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 COUNTY STATE	
21. I attended the deceased from Sept. 1958 to Nov 16, 1958 and last saw him alive on NOV. 15, 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Harrisonville MO		22c. DATE SIGNED 18 Nov. 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11/18/58	23c. NAME OF CEMETERY OR CREMATORY ORIENT Cemetery		23d. LOCATION (City, town, or county) (State) HARRISONVILLE, MO.
24. FUNERAL DIRECTOR Atkinson Ruby Harrisonville, Mo		ADDRESS Harrisonville, Mo	25. DATE RECD. BY LOCAL REG. 11-21-58		26. REGISTRAR'S SIGNATURE Purdie Anderson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

...owners, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

REG. P. No.

DEC 4 1958

DEC 4 1958

VS JUL 22 1958

DEC 1 1958
CASS COUNTY
HEALTH DEPARTMENT

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 *Robert Atkinson*

Licensed Embalmer No. *4902*
P. O. Address *Hammond, Ind.*

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.

DEC 11 1958