

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041435
STATE FILE NUMBER 10396

FILED NOV 20 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300
1-57

0

All diseases in Part must be causally related
 General: Operation revealed pancreatic
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY None				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY None				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips			Length of stay in lb 27		d. STREET ADDRESS (If outside, give location) 5314 Maple Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Richard Andrew CROFT				4. DATE OF DEATH Month Day Year Oct 28 1958				
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH unk 1913 45		9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Auto Mfg		11. BIRTHPLACE (City and state or country) Brinkley, Arkansas /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Walter Croft			13b. MOTHER'S MAIDEN NAME Robbie Lambert			14. NAME OF HUSBAND OR WIFE Elsie Mae Croft		
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. 432-36-2670		17. INFORMANT Address Elsie Mae Croft, 5314 Maple Avenue				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pancreatitis							INTERVAL BETWEEN ONSET AND DEATH 57	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							5870.K	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Deceased expired during operation, (Cholecystomy) at Homer G. Phillips Hospital on October 28, 1958.							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (For site of injury in PART I, or PART II of item 18) operation, Cholecystomy at Homer G. Phillips Hospital on October 28, 1958.					
20c. TIME OF INJURY Hour a.m. p.m. 10 28 58			20d. INJURY OCCURRED WHILE AT WORK <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.) 11 Hosp		20f. CITY, TOWN OR LOCATION COUNTY STATE St Louis Mo	
21. I attended the deceased from 1240 A.M. to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Type or print) J. Earl Smith					22b. ADDRESS 1300 Clark Avenue		22c. DATE SIGNED 10/29/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3 Nov 58	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		23d. LOCATION (City, town, or county) (State) Berkeley City, Mo.			
24. FUNERAL DIRECTOR ADDRESS Cunningham & Moore, 2405 Marcus				25. DATE RECD. BY LOCAL REG. OCT 3 1'58		26. REGISTRAR'S SIGNATURE J. Earl Smith MD		

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 *John K Cunningham*

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

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.