THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-004683

STATE FILE NUMBER

FILED MAR 6 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 86

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

**1. PLACE OF DEATH**
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Poplar Bluff Twsp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Route # 5 — Length of stay in Ib: 33 yrs.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Butler
c. CITY OR TOWN: Poplar Bluff 0120 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route # 5 — Reside on Farm: Yes ☒ No ☐

**3. NAME OF DECEASED** (Type or print): First: John — Middle: — Last: Croy

**4. DATE OF DEATH**: Month Jan. Day 29 Year 1959

**5. SEX**: Male 0

**6. COLOR OR RACE**: White

**7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ 1 **DIVORCED** ☐

**8. DATE OF BIRTH**: 6-20-1881

**9. AGE** (In years last birthday): 76 — 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): Retired Farmer

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (City and state or country): Toledo, Illinois

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Isaac Croy

**13b. MOTHER'S MAIDEN NAME**: Eliza Ann Cown

**14. NAME OF HUSBAND OR WIFE**: Lulu N. Croy

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service): None

**16. SOCIAL SECURITY NO.**: none

**17. INFORMANT** Address: Mrs. Ora Dugas, Poplar Bluff, Mo.

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) asphyxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cardiac failure
DUE TO (c) cerebral hemorrhage
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X

INTERVAL BETWEEN ONSET AND DEATH

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒ 2

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**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 6-23-53, to 1-29-59 and last saw ~~him~~ him alive on 6-30-59
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): F. F. Priest D. O. 2

**22b. ADDRESS**: Poplar Bluff, Missouri

**22c. DATE SIGNED**: 2-12-59

**23a. BURIAL, CREMATION, REMOVAL** (Specify): burial

**23b. DATE**: 2-2-59

**23c. NAME OF CEMETERY OR CREMATORY**: Coon Island Cemetery

**23d. LOCATION** (City, town, or county) (State): Butler Co., Mo.

**24. FUNERAL DIRECTOR** ADDRESS: Greer Croy & Fitch, Poplar Bluff, Mo.

**25. DATE RECD. BY LOCAL REG.**: 2/21/59

**26. REGISTRAR'S SIGNATURE**: [illegible]

(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 .....
Signature of Student Embalmer

Signed Ray P. Adams

Licensed Embalmer No. 4928

P. O. Address Ogden Bluff

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.