

Health,
& Welfare
Public
Service

Dr. Calloway Jr.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017325

STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 128 Primary Registration District No. 200 Registrar's No. 570

S. 300
1-57

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD 0396
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2204 N. PROSPECT		Length of stay in 1b 18 YRS.	d. STREET ADDRESS (If outside, give location) 2204 N. PROSPECT
3. NAME OF DECEASED (Type or print) First Middle Last FANNIE ELVINA CROTTS			4. DATE OF DEATH Month Day Year MAY 22 1959
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 14 1863
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) SHELBY, NORTH CAROLINA
13a. FATHER'S NAME JOHN BUMGARDNER		13b. MOTHER'S MAIDEN NAME JEMIMA PRUITT	14. NAME OF HUSBAND OR WIFE EDWARD CROTTS (DEC.)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT Address MRS. DELLA PRICE, RT # 10 SPFLD, 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) Cerebral arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 4 yrs
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) 334X			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"/> HOME <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 July 26, 57 , to May 22, 1959 and last saw her alive on April 27, 1959 Death occurred at 12:03 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. Calloway Jr. (Degree or title)		22b. ADDRESS Springfield, Mo	22c. DATE SIGNED 5/22/59
23a. BURIAL, CREMATION, REBURY (Specify)	23b. DATE 5/24/59	23c. NAME OF CEMETERY OR CREMATORY FLORA CEMETERY	23d. LOCATION (City, town, or county) (State) VIOLA, ARKANSAS
24. FUNERAL DIRECTOR H.H. LOHMEYER ADDRESS SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 5-25-59	26. REGISTRAR'S SIGNATURE Effie B. Melton

All diseases in Part I must be causally related. Use only black ink or ribbon typewrite if possible.

MEDICAL CERTIFICATION

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 *A. J. McCann*

Licensed Embalmer No. *2727*

P. O. Address *Springfield*

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.