

Health, Welfare
Public Service

XC-1649 947

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019970
STATE FILE NUMBER

JUN 9 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1532

300
-57

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN JEFFERSON BARRACKS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN DESOTO Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vet. Adm. Hospital		Length of stay in lb 22 days	d. STREET ADDRESS (If outside, give location) 0500 RR #2 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ERNEST Middle C. Last CROFT			4. DATE OF DEATH Month 6-1-59 Day 1 Year 59	
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 7-26-91	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSPECTOR		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) GRAVEL HILL, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME RICHARD CROFT		13b. MOTHER'S MAIDEN NAME EMMA SCHNEIDER		14. NAME OF HUSBAND OR WIFE Mary Croft	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. 487-12-4643		17. INFORMANT Address VA HOSP. RECORDS, JEFFERSON BARRACKS, 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) INFARCTION OF MYOCARDIUM			INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ARTERIOSCLEROTIC CORONARY THROMBOSIS			3 weeks
	DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE			2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. DIABETES MELLITUS 2. PYELONEPHRITIS			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 6:05 a.m. 6:05 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION VA		20f. COUNTY STATE JEFFERSON MO		

21. I attended the deceased from 5-10-59 to 6-1-59 and was present at the death Death occurred at 6:05 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE W. Oppler, Dir. Prof. Services (Degree or title)		22b. ADDRESS M.D. VA Hosp. Jefferson Barracks, Mo		22c. DATE SIGNED 6-1-59	
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23a. NAME OF CEMETERY OR CREMATORIUM WOODLAWN		23b. DATE JUNE 3, 1959		23c. LOCATION (City, town, or county) (State) DE SOTO MO			
24. FUNERAL DIRECTOR MAH N Funeral Home		ADDRESS De Soto MO		25. DATE RECD. BY LOCAL REG. 6-4-59		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18 - no symptoms with no asterisk. All diseases in Part I must be causally related.

OCT 20 1959

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

Gerald J. Mahan

Licensed Embalmer No. *4975*

P. O. Address *De Soto, Ma*

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.