

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027820

FILED JUL 16 1959

Registration District No. 23 Primary Registration District No. 6116 Registrar's No. 123

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Scott</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sandywood township</b>		Length of stay in 1b <b>12 years</b>		c. CITY OR TOWN <b>Route 1 Benton Sandywood township</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Route 1 Benton</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Route 1 Benton.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>Andrew</b> Last <b>McCrorry</b>				4. DATE OF DEATH Month <b>July</b> Day <b>3</b> Year <b>1959</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>Cauc.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7/16/1878</b>	9. AGE (last birthday) <b>80</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>		11. BIRTHPLACE (City and state or country) <b>Philadelphia, Miss</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>		
13a. FATHER'S NAME <b>Bill McCrorry</b>			13b. MOTHER'S MAIDEN NAME <b>Lizzie Cardine</b>			14. NAME OF HUSBAND OR WIFE <b>deceased</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <b>no</b> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Cloyse McCrorry Benton, Mo</b> Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>15 mi</b>	
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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year						
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from <b>First Call After Death</b> to <b>about 6:00 P.m.</b> and last saw him alive on <b>about 6:00 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <b>about 6:00 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Cloyse Poe</b> (Degree or title) <b>Coroner</b>				22b. ADDRESS <b>Sixteen Mo.</b>		22c. DATE SIGNED <b>7-8-59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>7/5/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Morley City Cemetery</b>		23d. LOCATION (City, town, or county) <b>Morley, Missouri</b> (State)			
24. FUNERAL DIRECTOR <b>Watkins &amp; Sons</b>		ADDRESS <b>Morehouse, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>7-9-59</b>	26. REGISTRAR'S SIGNATURE <b>Miss Ella Hunter</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul Mattheus

Licensed Embalmer No. 4964  
P. O. Address Depto 140

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.