

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032133

FILED VS SEP 28 1959

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 80 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived or institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fayette</u>		c. CITY OR TOWN <u>Glasgow</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>		d. STREET ADDRESS <u>10 mi south Glasgow</u>	
3. NAME OF DECEASED (Type or print) <u>MARGARET ANN Cropp</u>		4. DATE OF DEATH <u>Sept. 13, 1959</u>	
5. <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 6, 1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTH PLACE (City and state or country) <u>Howard Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Simpson Nelson</u>	
14. MOTHER'S MAIDEN NAME <u>Susan Sims Roy Cropp (Dec.)</u>		15. NAME OF HUSBAND OR WIFE <u>Mr. Jess Cropp Glasgow Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>not available</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>coronary thrombosis</u>		<u>5 days</u>	
DUE TO (b) <u>arteriosclerotic heart disease</u>		<u>idiot.</u>	
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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>natural</u>	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	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 <u>Sept 8 1959</u> to <u>Sept 13, 1959</u> and last saw <u>her</u> alive on <u>Sept 12, 1959</u>	Death occurred at <u>9 30</u> <u>4</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Mr J. Shaw, Jr M.D.</u> (Degree or title)	22b. ADDRESS <u>Lee Hospital, Fayette Mo</u>	22c. DATE SIGNED <u>9-21-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Sept. 15, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	23d. LOCATION (City, town, or county) (State) <u>Lisbon Mo.</u>
24. FUNERAL DIRECTOR <u>Aubrey. Fremouth</u> ADDRESS <u>Glasgow, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-21-59</u>	26. REGISTRAR'S SIGNATURE <u>Katherine Welch</u>	

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

*W. J. Riernmont*

Licensed Embalmer No. 3978

P. O. Address Glasgow, N.Y.

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.