

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007838

FILED VS FEB 24 1960

316

Primary Registration District No.

Registrar's No.

68

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Madison</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Francois Township</b>		Length of stay in 1b <b>7 das.</b>	c. CITY OR TOWN <b>Marquand</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>State Hospital No. 4</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <b>Unknown</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ADOLPHUS</b> Middle <b>CROOK</b> Last <b>CROOK</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>13,</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</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>April 9, 1884</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>4</b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>William Crook</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Annie L. Sullivan Crook</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-18-2066</b>		17. INFORMANT Address <b>Records, State Hospital No. 4, Farmington, Mo.</b>		
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>Metastatic carcinoma with initial lesion on the ear</b>					INTERVAL BETWEEN ONSET AND DEATH <b>9 yrs.</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) <b>Cerebral arteriosclerosis with psychotic reaction.</b>				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"/>	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 <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>Feb. 6, 1960</b> to <b>Feb. 13, 1960</b> and last saw <input checked="" type="checkbox"/> him <input type="checkbox"/> her alive on <b>Feb. 13, 1960</b> Death occurred at <b>10:15 A. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Amos H. Hooten, M.D.</i> (Degree or title)			22b. ADDRESS <b>State Hospital No. 4 Farmington, Missouri</b>		22c. DATE SIGNED <b>2-15-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 15, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Whitener Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Marquand, Missouri</b>	
24. FUNERAL DIRECTOR <b>Haman Funeral Home, Marquand, Mo.</b> ADDRESS			25. DATE RECD. BY LOCAL REG. <b>Feb. 15, 1960</b>		26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS FEB 24 1960

1960

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 K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington

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.