

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 22 1960

=60-017794

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1027

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Normandy	Length of stay in lb 4 days	c. CITY OR TOWN 8664 Engler	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp.		d. STREET ADDRESS (If outside, give location) St. Louis	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Betty Middle Sue Last Crook			4. DATE OF DEATH Month Mar. Day 27 Year 1960		
5. SEX Female	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 2-28-40	9. AGE (last birthday) 20	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) Bertrand, Mo.		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME John Albert Peters		13b. MOTHER'S MAIDEN NAME Mabel Ann Woods		14. NAME OF HUSBAND OR WIFE Jack Crook	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Jack Crook - 8664 Engler		

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) MEDULLARY FAILURE		5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acidosis	5 days
	DUE TO (c) Diabetes Mellitus	1 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Overwhelming infection		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.	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 3-23-60 to 3-28-60 and last saw her/him alive on 3-27-60		- Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>Betty Sue Crook</i> DO		22b. ADDRESS 1917 N. Hanley Rd, St. Louis 14		22c. DATE SIGNED 3-28-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/28/1960	23c. NAME OF CEMETERY OR CREMATORY Charleston Cemetery	23d. LOCATION (City, town, or county) (State) Charleston Mo,	
24. FUNERAL DIRECTOR Collier Mortuary St. Ann's Mo.	25. DATE RECD. BY LOCAL REG. 3-28-60	26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>		

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 Sheldon Collier

Licensed Embalmer No. 338

P. O. Address St. Ann

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.