MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 13 1961

-61-001199
STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 5

TYPEWRITER RIBBON — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

AMENDED

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ironton — Length of stay in 1b: 1 mo.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Mary's Hosp. — Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Iron
c. CITY OR TOWN: Pilot Knob — Inside Limits: Yes # No ☐
d. STREET ADDRESS (If outside, give location): general delivery — Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First WILLIAM Middle C. Last CROCKER
4. DATE OF DEATH: Month Jan. Day 4 Year 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married # Never Married ☐ Widowed # Divorced ☐
8. DATE OF BIRTH: Mar 5 1891
9. AGE (last birthday): 69 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Dent Co. Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Hugh Crocker
13b. MOTHER'S MAIDEN NAME: Martha Nelson
14. NAME OF HUSBAND OR WIFE: Alpha Crocker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Alpha Crocker, Address: Pilot Knob Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11-5-58, to 11-4-60 and last saw him alive on 1-3-61
Death occurred at 8.25 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Marvin C. Mesne MD (Degree or title)
22b. ADDRESS: Ironton, Missouri
22c. DATE SIGNED: 1-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 1-7-61
23c. NAME OF CEMETERY OR CREMATORY: Arcadia Valley Memorial Park,
23d. LOCATION (City, town, or county) (State): Ironton Mo.

24. FUNERAL DIRECTOR: White Funeral Home, ADDRESS: Ironton Mo.
Ancil J. White
25. DATE RECD. BY LOCAL REG.: 1-6-61
26. REGISTRAR'S SIGNATURE: Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1961

JAN 24 1961

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_____ Signed Arnold J. White

Signature of Student Embalmer

Licensed Embalmer No. B012

P. O. Address Inverton Ins.

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.