

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-008600

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 41

FILED MAR 21 1961

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Middlebrook		Length of stay in 1b 40 years	c. CITY OR TOWN Middlebrook
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) general delivery

3. NAME OF DECEASED (Type or print) First Alice Middle Alameda Last Crocker			4. DATE OF DEATH Month March Day 14 Year 1961			
---	--	--	---	--	--	--

5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/28/1878	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.
-------------------------	----------------------------------	---	---------------------------------------	-------------------------------------	---------------------------	------------------------	-------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Goodwater, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
---	--	--	---	---	--

13a. FATHER'S NAME Richard Crocker		13b. MOTHER'S MAIDEN NAME Saphronia Martin		14. NAME OF HUSBAND OR WIFE George H. Crocker	
--	--	--	--	---	--

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.	17. INFORMANT Address Mrs. Hattie Waldram, Ironton, Mo.		
---	--	-------------------------	---	--	--

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	
IMMEDIATE CAUSE (a) Cerebral thrombosis					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b)					
DUE TO (c) Hypertensive cardiovascular disease					
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"/>	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 10-11-58 to 3-14-61 and last saw her 006 alive on 8-8-59
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Marvin C. Moore MD</i>		22b. ADDRESS Ironton, Missouri		22c. DATE SIGNED 3-16-61	
---	--	--	--	------------------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3/17/1961	23c. NAME OF CEMETERY OR CREMATORY Middlebrook Cemetery	23d. LOCATION (City, town, or county) (State) Middlebrook, Mo.		
--	-------------------------------	---	--	--	--

24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton, Mo. <i>Encl White</i>		25. DATE RECD. BY LOCAL REG. March 18 - 1961	26. REGISTRAR'S SIGNATURE <i>Mrs Elizabeth Logan</i>		
--	--	--	---	--	--

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

VS MAR 22 1961 SA

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 _____
Signature of Student Embalmer

Signed Lyle F. White
Licensed Embalmer No. 4295

P. O. Address Ironton, Mo.

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.