

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-017252  
STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 56  
 AMENDED FILED JUN 2 1961

1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Iron</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton</u>		Length of stay in 1b <u>10 hrs</u>		c. CITY OR TOWN <u>Dent</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7 mi. SW of East End</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>MINNIE</u> Middle <u>JANE</u> Last <u>CROCKER</u>				4. DATE OF DEATH Month <u>May</u> Day <u>22</u> Year <u>1961</u>					
5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct 3 1898</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and state or country) <u>Black Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Samuel Sumpter</u>			13b. MOTHER'S MAIDEN NAME <u>Lydia Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie A. Crocker</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.		17. INFORMANT Address <u>Jessie A. Crocker, Black Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>rupture of kidney left</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Fracture of Rib 6 9-19-11</u> DUE TO (b) <u>  </u> DUE TO (c) <u>  </u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>			
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 <u>  </u> Month, Day, Year <u>  </u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>5-22-61</u> to <u>5-22-61</u> and last saw her alive on <u>5-22-61</u> Death occurred at <u>  </u> on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <u>[Signature]</u> (Deedee or title)				22b. ADDRESS <u>  </u>	
22c. DATE SIGNED <u>5-24-61</u>	23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>						23b. DATE <u>5-25-61</u>		
23c. NAME OF CEMETERY OR CREMATOR <u>Smith Cemetery</u>			23d. LOCATION (City, town, or county) <u>Black Missouri</u>				23e. STATE <u>  </u>		
24. FUNERAL DIRECTOR <u>White Funeral Home, Ironton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-24-61</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>					

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

AUG 2 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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *W. J. White*

Licensed Embalmer No. 4295

P. O. Address Winton, Ia

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.