MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047843

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5901 Registrar's No. 222

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

FILED DEC 19 1962

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hayti
Length of stay in 1b: 50 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2mi. N. of Hayti
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Pemiscot
c. CITY OR TOWN: Hayti
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Lindsey Middle: Fleetwood Last: Croom

4. DATE OF DEATH: Month: Dec. Day: 8 Year: 1962

5. SEX: Male
6. COLOR OR RACE: Cau.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6/19/~~75~~ 1879
9. AGE (last birthday): ~~87~~ 83
IF UNDER 1 YEAR: Months 5 Days 19
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Self emp.)
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and state or country): Pinson, Tennessee
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Ben Croom
13b. MOTHER'S MAIDEN NAME: Susan Davis
14. NAME OF HUSBAND OR WIFE: Deceased

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.: Unknown
17. INFORMANT: Lofton Croom Address

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): This man found dead in bed-
DUE TO (b): apparently natural causes.
DUE TO (c): Investigated by coroner.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH

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 ____; to ____ and last saw her/him alive on ____
Death occurred at ____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charlotte E. Sloan, Local Registrar
22b. ADDRESS: 701 So. 4th St. - Hayti, Mo.
22c. DATE SIGNED: 12/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/11/62
23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
23d. LOCATION (City, town, or county) (State): Hayti, Missouri

24. FUNERAL DIRECTOR: LaForge Undertaking Company Inc.
ADDRESS: Caruthersville, Mo.
25. DATE RECD. BY LOCAL REG.: 12-15-62
26. REGISTRAR'S SIGNATURE: Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0780		
2	0780		
3	1		
4	0		
5	2.		
6			
7	1		
8	2.		
9	795.4		
10			
11			
12	90-8		
13	1-0		
8	June 19, 1879	June 19, 1875	4/15/63
9	83	87	4/16/63

BY AFFIDAVIT OF funeral director

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

DEC 26 1962

APR 5 1968

( )

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 Joel C Dean

Licensed Embalmer No. 3946

P. O. Address Carrollton 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.