

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-049471

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 309 Primary Registration District No. 3043 Registrar's No. 459 STATE FILE NUMBER

FILED JAN 16 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ralls.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal, Missouri.</u>		c. CITY OR TOWN <u>Perry, Missouri.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Levering Hospital.</u>		d. STREET ADDRESS (If outside, give location) <u>Perry, Missouri.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ALBERT FAGAN CROCKETT.</u>		4. DATE OF DEATH Month Day Year <u>December 28, 1962</u>	
5. SEX <u>Male</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>1-1-35</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Book keeper.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Livestock Comm.</u>	11. BIRTHPLACE (City and state or country) <u>Ralls County, Mo.</u>
13a. FATHER'S NAME <u>James P. Crockett.</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Fagan.</u>	14. NAME OF HUSBAND OR WIFE <u>Georgia Crockett</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. <u>7</u>	17. INFORMANT Address <u>Mrs Georgia Crockett, Perry, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Dementia of retrogenital type</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>5 and 9 mo</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 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>4:45</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. Matting</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Hannibal, Missouri.</u>	22c. DATE SIGNED <u>12-29-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-30-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lickcreek Cemetery.</u>	23d. LOCATION (City, town, or county) (State) <u>Perry, Missouri.</u>
24. FUNERAL DIRECTOR <u>Clyde L. Wesley, Perry, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 10-1963</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke by Lillian M. Herman</u>	

USE BLACK INK OR TYPEWRITER RIBBON

Permit raised Jan 10 - 62

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 *Plyde C. Wiley*

Licensed Embalmer No. 3820.

P. O. Address Perry, Missouri.

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.