

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005810

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 5319 Registrar's No. 30

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 18 1963	
1. PLACE OF DEATH a. COUNTY Cooper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clifton City	c. CITY OR TOWN Clifton City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home, Clifton City, Mo.	d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LEE Middle P. Last CROFT	4. DATE OF DEATH Month February Day 10 Year 1963
5. SEX Male	6. COLOR OR RACE White
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-5-1899
9. AGE (last birthday) 63	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman
10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Cooper County, Mo.
12. CITIZEN OF WHAT COUNTRY USA	13a. FATHER'S NAME Washington Croft
13b. MOTHER'S MAIDEN NAME May Wilson	14. NAME OF HUSBAND OR WIFE Noma Lee Croft
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. [REDACTED]
17. INFORMANT Mrs. Lee P. Croft, Clifton City, Mo.	18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Bilateral broncho-pneumonia + congestive heart failure. Obesity. 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 Jan. 12, 1959 to Feb. 10, 1963 and last saw him alive on Jan. 12, 1959 Death occurred at 8:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Albert J. Campbell MD.	22b. ADDRESS 312 1/2 So. Ohio, Sedalia, Mo.
22c. DATE SIGNED 2-11-63	23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-12-63	23c. NAME OF CEMETERY OR CREMATORY Florence Cemetery
23d. LOCATION (City, town, or county) Florence, Missouri	24. FUNERAL DIRECTOR D.W. Heckart, Gillespie Funeral Home
25. DATE RECD. BY LOCAL REG. 2/12/63	26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

FEB 19 1963

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STATEMENT BY LICENSED EMBALMER

0-07

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. 692

working under my personal supervision.

Student *Joe Eckart*
Signature of Student Embalmer

Signed *John R. Danner Jr.*

Licensed Embalmer No. 5173

P. O. Address *Delphia Ms*

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.