

FILED JAN 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1067

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 2033 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>	
c. LENGTH OF STAY (In this place) <b>life</b>		d. STREET ADDRESS (If rural, give location) <b>705 E. Ohio</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wetzel Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHRIS</b> b. (Middle) <b>GREENBERRY</b> c. (Last) <b>CROCKETT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan - 2 1949</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>7-9-1872</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>23</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b></b>		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>United States</b>

13a. FATHER'S NAME <b>John E. Crockett</b>	13b. MOTHER'S MAIDEN NAME <b>Mary E. Frazier</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret E.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Margaret E. Crockett</b> ADDRESS <b>Clinton Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>lobes, pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cerebral hemorrhage</b>		
	DUE TO (c) <b></b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>✓</b>	19b. MAJOR FINDINGS OF OPERATION <b>✓</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>✓</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **12-25, 1948**, to **1-2, 1949**, that I last saw the deceased alive on **1-2, 1949**, and that death occurred at **6:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. J. Powell D.O.</b>	23b. ADDRESS <b>Clinton Mo</b>	23c. DATE SIGNED <b>1/3/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-4-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood</b>	24d. LOCATION (City, town, or county) (State) <b>Clinton Mo</b>
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DATE REC'D BY LOCAL REG. <b>1-4-49</b>	REGISTRAR'S SIGNATURE <b>R. P. Kenney</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>F. L. Schaberg</b> ADDRESS <b>Clinton Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

42  
1  
2

RECEIVED

District Health Officer No. 71

District File Number 12-48-1556

Date Filed 6-10-89

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.

Signed Francis Lee Schuber

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4513

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.