

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2073

BIRTH NO. _____		REG. DIST. NO. 180		PRIMARY REG. DIST. NO. 4413		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weston</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weston</u>			
c. LENGTH OF STAY (In this place) <u>7 yrs.</u>				d. STREET ADDRESS (If rural, give location) <u>865 Ashley St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>865 Ashley St. (Home)</u>				e. STREET ADDRESS <u>865 Ashley St.</u>			
3. NAME OF DECEASED (Type or Print) <u>MAGGIE</u>		a. (First)		b. (Middle)		c. (Last) <u>CROCKETT</u>	
4. DATE OF DEATH <u>Jan. 16, 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>9-21-1880</u>		9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (State or foreign country) <u>Slade Co., Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Thomas Cline</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Bradley</u>		14. NAME OF HUSBAND OR WIFE <u>James Crockett (de)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Crockett, DeKalb, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan 13, 1950</u> , to <u>Jan 16, 1950</u> , that I last saw the deceased alive on <u>Jan 16, 1950</u> , and that death occurred at <u>9:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. J. Bell</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Weston, Missouri</u>		23c. DATE SIGNED <u>1-17-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-20-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Turner Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wallace, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-17-50</u>		REGISTRAR'S SIGNATURE <u>Alphia Rollins</u>		25. SUPERVISOR'S SIGNATURE <u>Paul Rupp</u>		ADDRESS <u>St. Joseph, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 31
District Health Officer No. 8,
District File Number.....
Date Filed 2-1-50

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

Alvin C. Bazar

Student Embalmer No. 342

working under my personal supervision.

Student Alvin C. Bazar
Student Embalmer

Signed

John E. Rupp
Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.