

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 31 1955

State File No. **32966**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **45**

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| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Henry | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton | | c. CITY OR TOWN Clinton | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 2 years | | e. STREET ADDRESS (If rural, give location) 515 East Green St. | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 615 East Green St. | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Eula | b. (Middle) Lee | c. (Last) Crooks | 4. DATE OF DEATH (Month) (Day) (Year) October 24 1955 |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH March 1 1876 | 9. AGE (In years) (Month) (Day) (Year) (Specify birthday) 79 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 1 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (City and State or Foreign Country) Henry Co., Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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|-------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|
| 13a. FATHER'S NAME Andrew Jackson Bailey | 13b. MOTHER'S MAIDEN NAME Mary Susan Coppage | 14. NAME OF HUSBAND OR WIFE Charles Crooks |
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| 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. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Brack Crooks (Son) Clinton, Mo. |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1 year - 3 year |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis | | |
| | * ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic heart disease DUE TO (c) none | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none 4200 | | | |

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| 19a. DATE OF OPERATION 10/24 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) none | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 10:30 | 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 **1947**, to **Oct 24, 1955**, that I last saw the deceased alive on **Oct 7, 1955**, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE S. B. Hughes (Degree or title) M.D. | 23b. ADDRESS Clinton, Mo. | 23c. DATE SIGNED 10/24/55 |
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|---------------------------------------------------------|--------------------------------|-----------------------------------------------------|------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Oct. 26, 1955 | 24c. NAME OF CEMETERY OR CREMATORY Englewood | 24d. LOCATION (City, town, or county) (State) Clinton, Missouri |
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| DATE REC'D BY LOCAL REG. 10-26-55 | REGISTRAR'S SIGNATURE Mildred Bigum | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. L. ... Clinton, Missouri |
|------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------|

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

NOV 2 1955

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 *Eugene R. Convalier*

Licensed Embalmer No...#6...

P. O. Address...Clinton...

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.