

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 15 1956

22649
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 238

300
1-56

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Rural Elm Twp</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give hospital or institution) <u>Community Hospital</u> Length of stay in 1b <u>1 year 5 mos.</u>		d. STREET ADDRESS (If outside, give location) <u>Worthington Ms.</u> Residence Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Cyrus</u> Middle <u>-</u> Last <u>Crooks</u>			DATE OF DEATH Month <u>8</u> Day <u>8</u> Year <u>1956</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>Feb 9 - 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and state or country) <u>Putnam Co Mo</u>
13. FATHER'S NAME <u>GERAGE CROOKS</u>		14. MOTHER'S MAIDEN NAME <u>CAROLINE HENRY</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>n</u>		16. SOCIAL SECURITY NO. <u>4</u>	17. INFORMANT <u>Elbe Crooks - Worthington Mo.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute overwhelming toxemia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Yersinia</u> DUE TO (c) <u>Nephrosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>12 days</u> <u>4 1/2 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>446X</u>			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: _____ Month, Day, Year: _____ a. m. _____ p. m. _____			
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 <u>January 16, 1956</u> and <u>August 8, 1956</u> and last saw <u>her</u> alive on <u>August 8, 1956</u> . Death occurred at <u>4:30 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>George H. Schouer, D.O.</u>		22b. ADDRESS <u>Kirksville, Mo.</u>	22c. DATE SIGNED <u>Aug 8, 1956</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>	23b. DATE <u>8-10-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Martinstown Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Putnam Co Mo</u>
24. FUNERAL DIRECTOR <u>W. H. Hootel & Son, Knoxville Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8-10-56</u>	26. REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *Murl E. Husted*

Licensed Embalmer No. *303*

P. O. Address *Wassonville*

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.