

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021690
STATE FILE NUMBER

FILED JUN 23 1958

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 818

300
-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Brownington</u> 0420
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton Land</u>		Length of stay in 1b <u>3 week</u>	d. STREET ADDRESS (If outside, give location) <u>R 9 # 1</u>
3. NAME OF DECEASED (Type or print) First <u>Jessie</u> Middle <u>D</u> Last <u>Croley</u>			4. DATE OF DEATH Month <u>6</u> Day <u>9</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>6/30/1884</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School Teacher</u>	11. BIRTHPLACE (City and state or country) <u>Walker Twp Henry Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Joseph Croley</u> 13b. MOTHER'S MAIDEN NAME <u>Rebecca Short</u> 14. NAME OF HUSBAND OR WIFE <u>Clara M Croley</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs Rigel Cline</u> Address <u>Brownington 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>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Fractured left hip</u> DUE TO (c) <u>Diabetes Mellitus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>2 weeks.</u> <u>Many years.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>45</u>			19. WAS AUTOPSY PERFORMED? <u>2</u> 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 <u>042</u> a.m. <u>042</u> 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 <u>042</u> COUNTY STATE	
21. I attended the deceased from <u>Sept 20, 1955</u> to <u>June 9, 1958</u> and last saw him alive on <u>June 9, 1958</u> Death occurred at <u>7:25 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. R.S. Halling</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Clinton Missouri</u>	22c. DATE SIGNED <u>6/10/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>6/11/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holwell Cem</u>	23d. LOCATION (City, town, or county) <u>west of Clinton Mo</u>
24. FUNERAL DIRECTOR <u>J E Consoled</u> ADDRESS <u>Clinton</u>		25. DATE RECD. BY LOCAL REG. <u>6-11-58</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

All diseases in Part I must be causally related.

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 *J. E. Conner*

Licensed Embalmer No. *1891*
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.