

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039692
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 137 Primary Registration District No. 5510 Registrar's No. 948

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| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Deepwater, FairView Twp. | | c. CITY OR TOWN Deepwater | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N.W. Deepwater | | d. STREET ADDRESS (If outside, give location) N.W. Deepwater | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Nettie Mae Crorer | | 4. DATE OF DEATH Month Day Year Nov. 26, 1958 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 20, 1882 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 76 |
| 11. BIRTHPLACE (City and state or country) Henry County, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Bert Adkins | | 13b. MOTHER'S MAIDEN NAME Nannie West | |
| 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 Charles Russel Crorer RFD.#1, Deepwater, Mo | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute myocarditis</i> DUE TO (b) <i>Hypertensive heart disease</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 10 min. 3 yr. |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK | |
| 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 1954 to 26 NOV. 1958 and last saw her/him alive on 26 NOV. 1958 Death occurred at 6 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Hugh B. Walker, M.D. | | 22b. ADDRESS Clinton, Mo. | |
| 22c. DATE SIGNED 27 Nov. 1958 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Nov. 28, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery | 23d. LOCATION (City, town, or county) (State) Clinton, Mo. |
| 24. FUNERAL DIRECTOR W. J. Tausant, Clinton, Mo. | | 25. DATE RECD. BY LOCAL REG. 11-28-58 | 26. REGISTRAR'S SIGNATURE Mildred Biggers |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *H. A. Vausant*

Licensed Embalmer No. *3779*
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.