

FILED OCT 21 1968

124

STATE FILE NUMBER

CERTIFICATE OF DEATH

68 0040492

Registration District No. 137 Primary Registration District No. 3033 Registrar's No. 240

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. <u>Ivy S. Croff</u>					2. <u>Female</u>	3. <u>Oct. 14, 1968</u>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—(LAST BIRTHDAY) (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. <u>White</u>		5a. <u>86</u>	5b. <u>9</u>	5c. <u>26</u>	6. <u>Dec. 18, 1881</u>		7a. <u>Henry</u>	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. <u>Clinton</u>			7c. <u>Yes</u>	7d. <u>Wetzel Osteopathic Hosp.</u>				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. <u>Nebraska</u>		9. <u>USA</u>		10. <u>Widowed</u>		11.		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
13. <u>523 20 6453</u>		13a. <u>Housekeeper</u>		13b.				
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. <u>Missouri</u>		14b. <u>Henry</u>	14c. <u>Clinton</u>		14d. <u>Yes</u>	14e. <u>1003 E. Franklin St.</u>		
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. <u>Thomas L. Selby</u>						16. <u>Unknown</u>		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. <u>Family record</u>				17b. <u>1003 E. Franklin St. Clinton, Mo. 64735</u>				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
21. IMMEDIATE CAUSE		(a) <u>Carcinoma of Cervix</u>						
DUE TO, OR AS A CONSEQUENCE OF:		(b) <u>Coronary Thrombosis</u>						
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST		(c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)		
						19b. <u>Yes</u>		
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
20a.		20b.	20c.	20d.				
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		1 (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20a.		20b.		20c.		20d.		
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	
I ATTENDED THE DECEASED FROM		21a. <u>Many years</u>		21b. <u>Oct. 14, 1968</u>		21c. <u>10-14-68</u>		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		21d. <u>I did</u>		21e. <u>5:00 PM.</u>		21f. <u>AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.</u>		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)		
23a. <u>Gus S. Wetzel</u>		23b. <u>Gus S. Wetzel MD.</u>		23c. <u>MD.</u>		23d. <u>Oct 15 68</u>		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP		
23a. <u>105 East Ohio</u>		23b. <u>Clinton,</u>		23c. <u>Missouri</u>		23d. <u>64735</u>		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION				
24a. <u>Burial</u>		24b. <u>Englewood Cemetery</u>		24c. <u>Clinton, Missouri</u>				
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24d. <u>Oct. 16, 1968</u>		24e. <u>Vansant Funeral Home Clinton, Mo. 64735</u>						
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25b. <u>A.D. Vansant</u>		25c. <u>Mildred Begum</u>		25d. <u>10-15-68</u>				

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIA

9. 1
10a. 86
10b.
11. 1
12. 2
13. 180x
14.
15. 9
16.
17.
18. 2
19. CREDITS
20. 1-0

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 W.A. Vassant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit Astarink 10-15-68 (M3)