

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17187

05-01

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

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 206 Virginia Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Isabelle		b. (Middle) h. Crocker	
c. (Last) Crocker		4. DATE OF DEATH (Month) (Day) (Year) April 20 1950	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH May 11, 1863
9. AGE (In years last birthday) 86		10. IF UNDER 1 YEAR Months 11	
11. IF UNDER 28 HRS. Days 9		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (State or foreign country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Malneaux		13b. MOTHER'S MAIDEN NAME Louisa Buck	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. R.T. Burns	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Insufficiency		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		Chronic Myocarditis	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Unknown	
DUE TO (b)			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		4222	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 17, 1949, to April 20, 1950, that I last saw the deceased alive on April 19, 1950, and that death occurred at 5:25 P.M., from the causes and on the date stated above.			
23a. SIGNATURE J. Cunningham M.D.		23b. ADDRESS Crystal City Mo	
23c. DATE SIGNED April 23 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 24 1950	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine		24d. LOCATION (City, town, or county) St. Louis Mo	
DATE REC'D BY LOCAL REG. 4/22/50		REGISTRAR'S SIGNATURE (Recess) Bellault	
FUNERAL DIRECTOR'S SIGNATURE Gentry R. Polite		ADDRESS Crystal City, Mo.	

JEFFERSON COUNTY HEALTH DEPT.
WALLSBORO, MISSOURI
DATE RECEIVED 5-16-50

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
Student Embalmer

Signed

Jentry R. Palitte

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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 this body is not embalmed, fact should be so stated above.