

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36361

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 364

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u> <u>0161</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>212 W 21st North St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo. Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Silas</u> b. (Middle) <u>F.</u> c. (Last) <u>Crole</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 21 50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 2, 1878</u>
9. AGE (In years, last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Poultry</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Poultry</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>poultry Business</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Nicholas Crole</u>		13b. MOTHER'S MAIDEN NAME <u>Shoemaker</u>	14. NAME OF HUSBAND OR WIFE <u>Mamie H. Crole</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>490-01-5013</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mamie H. Crole Jackson</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES DUE TO (b) <u>A.S.T.P. - Hypertension</u> DUE TO (c) <u>2 - Vascular Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>13 Myo-Cardial</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Weakening</u>	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) (Min.)	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 <u>11-17</u> , 19 <u>50</u> , to <u>11-21</u> , 19 <u>50</u> that I last saw the deceased alive on <u>11-21</u> , 19 <u>50</u> , and that death occurred at <u>6:25 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Alfred M. Estes M.D.</u>		23b. ADDRESS <u>Cape Gir. Mo.</u>	23c. DATE SIGNED <u>11-23-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-24-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-27-1950</u>	REGISTRAR'S SIGNATURE <u>C. G. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M^o Combs Funeral Home Jackson</u>	

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

164

RECEIVED

DEC 4 1950

DISTRICT HEALTH OFFICE No. C

File No.....

JUL 19 1962

REP. 12 1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed B. A. Meyer

Signed.....
Student Embalmer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.