

No. 300
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FILED DEC 11 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37690

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4305 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <i>McDonald</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>McDonald</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Anderson</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Anderson</i>	
c. LENGTH OF STAY (In this place) <i>17 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>Home</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <i>MALTYBY TAYLOR CROFT</i>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>11-5-1950</i>
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>9-15-1862</i>	9. AGE (In years last birthday) <i>88</i>	IF UNDER 1 YEAR Months <i>1</i>	IF UNDER 1 YEAR Days <i>24</i>	IF UNDER 1 YEAR Hours <i>✓</i>	IF UNDER 1 YEAR Min. <i>✓</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>oil field worker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Pumper</i>		11. BIRTHPLACE (State or foreign country) <i>Pittsburgh Pa.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		

13a. FATHER'S NAME <i>Thomas Croft</i>	13b. MOTHER'S MAIDEN NAME <i>Salinda Switzer</i>	14. NAME OF HUSBAND OR WIFE <i>Emma Croft</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Miss Hazel Krause Anderson</i>	ADDRESS <i>Anderson, Mo.</i>
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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		INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Decompensation</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Myocarditis</i>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>4 2 2 2</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 *1944*, to *Nov 5, 1950*, that I last saw the deceased alive on *Nov 5, 1950*, and that death occurred at *5 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>D. D. Fountain D.D.</i>	23b. ADDRESS <i>Noel Mo</i>	23c. DATE SIGNED <i>Nov 8-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>11-8-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Anderson Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Anderson, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>11-10-50</i>	REGISTRAR'S SIGNATURE <i>Mayme Humphrey</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Tatum Funeral Home Anderson Mo.</i>	ADDRESS <i>18. Cleathon</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED DEC 6 1950

Dist. File 1250 - 2443

Date Filed 12-8-50

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 me

working under my personal supervision.

Student Embalmer No. 4

Signed ✓
Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson, 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.