

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40068

State File No. ....

70

FILED DEC 27 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Norborne</u> c. LENGTH OF STAY (in this place) <u>Life time</u>		c. CITY OR TOWN <u>Rural</u> d. STREET ADDRESS <u>4 miles north of Norborne</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>315-East 4<sup>th</sup> Street</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles north of Norborne</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUELLA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>CROCKETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 21 1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL-4-1871</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK AT HOME</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ORE, T. STEVENS</u>	
13b. MOTHER'S MAIDEN NAME <u>ELIZABETH SUTTON</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Obert W. Crockett</u>		ADDRESS <u>Norborne Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis with myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis diffuse</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>221</u>	
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 <u>3-12-</u> , 19 <u>49</u> , to <u>12-21-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-21-</u> , 19 <u>50</u> , and that death occurred at <u>9:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ralph Washell M.D.</u>		23b. ADDRESS <u>212 South Dur</u>	
23c. DATE SIGNED <u>12-22-50</u>		23d. LOCATION (City, town, or county) (State) <u>Norborne Mo Missouri</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 23-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Beatty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carroll county Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-22-1950</u>		REGISTRAR'S SIGNATURE <u>Eileen Pennington</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John S. Deitch</u>		ADDRESS <u>Norborne</u>	

(Licensed Embalmer's Signature on Reverse Side)

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



**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

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John Deitch Jr*

Licensed Embalmer No. 4797

P. O. Address

Norborne

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.