

FILED JAN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41753

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5945 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural North Dillon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James, Missouri 1811	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ferndale Nursing Home		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) Marion c. (Last) Crollay	4. DATE OF DEATH (Month) (Day) (Year) 12-13-1950
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 1	8. DATE OF BIRTH 1-22-1883	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 21
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) St. James, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME H. F. Crollay	13b. MOTHER'S MAIDEN NAME Jacaba Regan	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lloyd Crollay St. James, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral vascular accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Generalized arteriosclerosis rise to the above cause (a) stating the underlying cause last. DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 12/13/50, 19, to 12/13/50, 19, that I last saw the deceased alive on 12/13/50, 19, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE James D. Birto M.D. (Degree or title)	23b. ADDRESS St. James, MO.	23c. DATE SIGNED 12/15/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1	24b. DATE 12-16-50	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) St. James, Missouri
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DATE REC'D BY LOCAL REG. Dec 15-50	REGISTRAR'S SIGNATURE Casaic, Birmingham	25. FUNERAL DIRECTOR'S SIGNATURE E. J. ...	ADDRESS
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(License Embalmer's Statement on Reverse Side)

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

RECEIVED

Franklin County Health Officer

County File Number

Date Filed 11/2/51

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.

Signed _____

Jesse Bahr

Signed _____

Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James, m

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.