

FILED MAR 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4551**

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **23**

0402

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

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Grundy	
b. CITY OR TOWN TRENTON		c. CITY OR TOWN TRENTON	
c. LENGTH OF STAY (in this place) 35 YEARS.		d. STREET ADDRESS (If rural, give location) 707 EAST 9TH ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION 707 East 9th St			

3. NAME OF DECEASED (Type or Print) ARNETTAE OLIVE CROY			4. DATE OF DEATH (Month) (Day) (Year) Feb 15, 1951		
5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH May 3 1872		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Days 9 IF UNDER 2 HRS. Hours 12 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) Gilman City R.F.D. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME REASON Lloyd RAY		13b. MOTHER'S MAIDEN NAME MARtha Elizabeth Maxwell		14. NAME OF HUSBAND OR WIFE Alexander Croy dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME Family Bible & Records. ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 3 days		DUPLICATE (b) Do not know			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		231A	

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) m.		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 **Feb 12th, 1951**, to **Feb 15th, 1951**, that I last saw the deceased alive on **Feb 12th, 1951**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Oliver F. Duffey MD (Degree or title)		23b. ADDRESS Trenton		23c. DATE SIGNED Feb 16 1951	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE Feb. 17, 1951		24c. NAME OF CEMETERY OR CREMATORY Whitehall Cemetery	
24d. LOCATION (City, town, or county) (State) Harrison County - MO.					

DATE REC'D BY LOCAL REG. 2/17/51		REGISTRAR'S SIGNATURE Irene Fair 115		25. FUNERAL DIRECTOR'S SIGNATURE Davis - Blackburne Trenton Mo. ADDRESS _____	
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DR. OLIVER DUFFEY

MAR 17 1951

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.

M. A. J.

Student Embalmer No.

Signed

Raymond A. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 3424

P. O. Address Trumbull, 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.