

FILED JUL 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22304**

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 5166		Registrar's No. 181			
1. PLACE OF DEATH a. COUNTY CALLAWAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CALLAWAY					
b. CITY (If outside corporate limits, write RURAL and give town) RURAL JACKSON		c. LENGTH OF STAY (in this place) 5 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) RURAL JACKSON		d. STREET ADDRESS (If rural, give location) JACKSON TOWNSHIP			
d. FULL NAME OF HOSPITAL OR INSTITUTION JACKSON TOWNSHIP				3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) WILLIAM c. (Last) CROCKER					
4. DATE OF DEATH APR. JULY 6, 1951		5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED			
8. DATE OF BIRTH DK. 1882		9. AGE (In years last birthday) 69		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY NONE			
11. BIRTHPLACE (State or foreign country) SCOTLAND Co. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME DK.		13b. MOTHER'S MAIDEN NAME DK.			
14. NAME OF HUSBAND OR WIFE NO.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 497-18-0338		17. INFORMANT'S SIGNATURE OR NAME MRS JACK MURPHY ADDRESS Columbia, MO			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure ANTECEDENT CAUSES his home had been dead Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) last 48 hrs DUE TO (c) Apparently some sort of heart failure, looks like a coronary thrombosis				INTERVAL BETWEEN ONSET AND DEATH 2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201			
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) Jackson Twp Callaway MO		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) W. Lavett, Coroner			
23b. ADDRESS Fultonville		23c. DATE SIGNED 7/9/51		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 10, 1951			
24c. NAME OF CEMETERY OR CREMATORY Memphis		24d. LOCATION (City, town, or county) (State) Memphis, MO.		DATE REC'D BY LOCAL REG. July-14-1951		REGISTRAR'S SIGNATURE Maretha Lawrence			
25. FUNERAL DIRECTOR'S SIGNATURE Glen Y. Krupin		ADDRESS Fulton, Mo		(Licensed Embalmer's Statement on Reverse Side)					

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

7140
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RECEIVED

JUL 14 1951

DISTRICT HEALTH OFFICE No. 4

File No.

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. BODY WAS NOT EMBALMED Student Embalmer No. _____

Student _____
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4587

P. O. Address Fulton, 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.