

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31140**

No. 300  
10.48

FILED SEP 26 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **284** PRIMARY REG. DIST. NO. **305E** Registrar's No. **221**

1. PLACE OF DEATH a. COUNTY <b>RANDOLPH</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>RANDOLPH</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MOBEYLY</b>		c. LENGTH OF STAY (in this place) <b>41 yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>WABASH Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>502 Patton</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>JOHN</b>	b. (Middle) <b>E</b>	c. (Last) <b>CROPP</b>	<b>SEPT. 18-51</b>		

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JULY - 1910</b>	9. AGE (In years last birthday) <b>41</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Fire KNOCKER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>R.R.</b>	11. BIRTHPLACE (State or foreign country) <b>MOBEYLY - O</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>JOHN C. CROPP</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>MARY ELIZABETH TYMAN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>486-12-3405</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Smallie Pearl Coates</b>	ADDRESS
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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) <b>UREMIA -</b>		DUE TO (b) <b>Hypertensive Cardio-vasc. Renal</b>		<b>50 days</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Nephrosclerosis.</b>		<b>1 year</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	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) m.	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 **Feb 6, 1951**, to **Sept 19, 1951**, that I last saw the deceased alive on **Sept 18, 1951**, and that death occurred at **7:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Henry Kramer MD</b>	23b. ADDRESS <b>0415 Woodland Mobely</b>	23c. DATE SIGNED <b>SEP 20 1951</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-22-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>	24d. LOCATION (City, town, or county) (State) <b>Mobely Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-21-51</b>	REGISTRAR'S SIGNATURE <b>Seal ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert L. Orr</b>	ADDRESS <b>505 Bedford</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 9 1984

Date Received: SEP 24 1984  
DISTRICT HEALTH OFFICE #2  
District File Number 9-51-1684  
Date Filed: SEP 24 1984

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.

Student .....  
Student Embalmer

Signed *Robert L. Carr*.....

Licensed Embalmer No. 3190

P. O. Address.....

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.