

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42374

State File No. ....

FILED JAN 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4362 Registrar's No. 33

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

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville</u> <u>0721</u>	
c. LENGTH OF STAY (In this place) <u>5 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>507 E. 8th. St.</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>507 E. 8th. St.</u>			

3. NAME OF DECEASED (Type or Print) <u>Lee</u>	a. (First)	b. (Middle)	c. (Last) <u>Crockett</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 30, 1951</u>
--	------------	-------------	---------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 15, 1873</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
--------------------	-------------------------------	---	--------------------------------------	---	------------------------	-----------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming-Cotton</u>	11. BIRTHPLACE (State or foreign country) <u>Obion County, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	---

13a. FATHER'S NAME <u>I. J. Crockett</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Hubert</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Crockett</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Crockett</u>	ADDRESS <u>Portageville, 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, 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) <u>Bronchopneumonia</u>		<u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Upper Resp. Inf.</u> DUE TO (c) <u>Generalized Arterio-sclerotic</u>		<u>1 week</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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>475 X</u>
--	--	---

22. I hereby certify that I attended the deceased from Jan 12, 1949, to Dec 30, 1951, that I last saw the deceased alive on Dec 30, 1951, and that death occurred at 6 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John Killian MD</u> (Degree or title)	23b. ADDRESS <u>Portageville, Mo</u>	23c. DATE SIGNED <u>12-31-51</u>
---	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 1, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dry Bayou Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pemiscot County, Missouri</u>
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>12-31-51</u>	REGISTRAR'S SIGNATURE <u>Ellen de Leake</u> <u>219</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Smith</u>	ADDRESS <u>Funeral Home Caruthersvle Missouri</u>
--	--	--	---

**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 *W. Denver Pike* .....

Licensed Embalmer No. *4484* .....

P. O. Address *Caruthersville, 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.