

1952 JUL 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20890

State File No.

Registrar's No. 120

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

493
0

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (in this place) 3 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage 1493	
		d. STREET ADDRESS (If rural, give location) 1024 W. Chestnut St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Finley	c. (Last) Croley	4. DATE OF DEATH (Month) (Day) (Year) June 23, 1952
-------------------------------------	--------------------	--------------------	------------------	---

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 10, 1878	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
---------------	------------------------	--	--------------------------------	------------------------------------	------------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gang-Saw Foreman	10b. KIND OF BUSINESS OR INDUSTRY Marble Corp.	11. BIRTHPLACE (State or foreign country) Scotland Co., Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	-------------------------------------

13a. FATHER'S NAME Christopher Croley	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE (Deceased) Nettie Wease Croley
---------------------------------------	-----------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. X	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 490-10-0582	17. INFORMANT'S SIGNATURE OR NAME Glenn Croley, Carthage, Mo.	ADDRESS
---	--	---	---------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Ventricular failure</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Heart Disease Many years</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 3-9-47, 19, to 6-23, 1952, that I last saw the deceased alive on 6-23, 1952, and that death occurred at 2:22P m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) 0	23b. ADDRESS 304 Grant Carthage Mo.	23c. DATE SIGNED 6-24-52
---	-------------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-25-52	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.
--	-------------------	--	---

DATE REC'D BY LOCAL REG. 6-24-52	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home, Carthage, Mo.	ADDRESS
----------------------------------	--	--	---------

RECEIVED 7-5-52
Jasper County Health Office

County File Number 52/7/502

Date Filed 7-5-52

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 _____

Robert E. Mullman

Student Embalmer No. 46

working under my personal supervision.

Student *Robert E. Mullman*
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.