.S. 5.300
EV. 10.48

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

FILED AUG 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25074

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 230

1. PLACE OF DEATH
a. COUNTY: Marion 0644
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Ralls OK 10
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New London 1
d. STREET ADDRESS (If rural, give location): Rural #1

3. NAME OF DECEASED (Type or Print)
a. (First): Paul
b. (Middle): H.
c. (Last): Crook

4. DATE OF DEATH (Month) (Day) (Year): July 13. 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Aug. 30. 1893
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 11, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Appleton MO
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: William H. Crook
13b. MOTHER'S MAIDEN NAME: Lizzie Goode
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Robt. Watts — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia and — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia
DUE TO (c) Carcinoma of Kidney

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (Hypernephroma) — 6 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 180 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
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 7:15 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joel Cavellaro
23b. ADDRESS: 1001 Bldwy
23c. DATE SIGNED: 7/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-15-52
24c. NAME OF CEMETERY OR CREMATORY: Barkley Cemetery
24d. LOCATION (City, town, or county) (State): New London Ralls MO

DATE REC'D BY LOCAL REG.: 7-23-52
REGISTRAR'S SIGNATURE: Dr. E.M. Lucke By W.C. Fisher 189-C
25. FUNERAL DIRECTOR'S SIGNATURE: James O'Donnell — ADDRESS: Hannibal MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 4 1952
MARION CO. HEALTH DEPT.
DATE FILED AUG 4 1952

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.