

STANDARD CERTIFICATE OF DEATH

25406

State File No.

RECEIVED JUL 29 1952

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3056 Registrar's No. 172

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| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> <u>0883</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Moberly</u>) c. LENGTH OF STAY (In this place) <u>3 da.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u> <u>0451</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u> d. STREET ADDRESS (If rural, give location) <u>108 Clark St.</u> | |
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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Femelon</u> c. (Last) <u>Cropp</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1952</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Aug. 27, 1863</u> | 9. AGE (In years) (last birthday) <u>88</u> IF UNDER 1 YEAR (Month) (Day) <u>10/19</u> IF UNDER 24 HRS. (Hour) (Min.) |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Bennett Cropp</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy Stearns</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ed Dickey</u> | ADDRESS <u>Fayette, Mo</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured hip</u> DUE TO (c) <u>Senility</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9030</u> <u>20</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>045</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fayette Howard Mo.</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 14, 1952 A m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Stumbled on a rug.</u> |
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22. I hereby certify that I attended the deceased from July 14, 1952, to July 16, 1952, that I last saw the deceased alive on July 16, 1952, and that death occurred at 5:33P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Deey J. Jolly</u> (Degree or title) <u>SO 2</u> | 23b. ADDRESS <u>203 1/2 N. Clark St. Moberly, Mo.</u> | 23c. DATE SIGNED <u>7-19-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7/19/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>7-19-52</u> | REGISTRAR'S SIGNATURE <u>Leah ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Leah ...</u> | ADDRESS <u>Fayette, Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~only~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Jayette 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.