

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35670

State File No. _____

S. No. 300 FILED NOV 13 1952
V. 10-48

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 365

0644

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

1. PLACE OF DEATH a. COUNTY <u>Marion.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls,</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal, Missouri.</u>		c. LENGTH OF STAY (In this place) <u>4 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New London, Missouri.</u>		0770 /
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>New London, Missouri.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Ward</u>	c. (Last) <u>Crockett.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov, 3, 1952</u>	
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>	8. DATE OF BIRTH <u>Dec. 1, 1880</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attorney</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Attorney</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ralls County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James P. Crockett</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Fagan</u>		14. NAME OF HUSBAND OR WIFE <u>Della Crockett.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, 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>Everett Crockett, Perry, Missouri.</u> 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, athenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple frac. Ribs</u> DUE TO (c) <u>Fracture Left Tibia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9101</u> <u>3</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cast applied to left leg - Oct 30 - 52</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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>Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>Perry 07 Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 30 52 9A</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by branch of tree on farm</u>			
22. I hereby certify that I attended the deceased from <u>Oct 30, 1952</u> , to <u>Nov 3, 1952</u> , that I last saw the deceased alive on <u>Nov 3, 1952</u> , and that death occurred at <u>2:00 PM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>B. L. Murphy</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Hannibal, Missouri.</u>		23c. DATE SIGNED <u>11-4-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-5-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lickcreek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Perry, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>11-8-52</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Luere</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde W. Wilbey</u> ADDRESS <u>Perry, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 10 1942
ARION CO. HEALTH DEPT.
DATE FILED NOV 10 1942

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 Clyde Walker

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri

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.