

STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300

10-48

FILED JUN 9 1953

REG. DIST. NO. 5306 PRIMARY REG. DIST. NO. 80 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY OR TOWN <u>Rural Jefferson City</u>		c. CITY OR TOWN <u>Rural R-1 Jefferson City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 miles W. of N.E. Mo. on Boonville Road</u>		d. STREET ADDRESS (If rural, give location) <u>10 Miles-W-N.E. Mo. on Road</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elvira</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Crocker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 30 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 29, 1884</u>
9. AGE (In years last birthday) <u>68</u>		10. MONTHS <u>7</u>	11. DAYS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cottais, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Anderson</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Woods</u>		14. NAME OF HUSBAND OR WIFE <u>James H. Crocker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James H. Crocker</u>		ADDRESS <u>Cottais, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>echtoparvè hypertension</u> 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 <u>331X</u>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 28, 1953</u> to <u>May 30, 1953</u> , that I last saw the deceased alive on <u>May 29, 1953</u> and that death occurred at <u>4:25 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James H. Crocker</u> (Degree or title)		23b. ADDRESS <u>Mo.</u>	
23c. DATE SIGNED <u>5/31/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 1-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Crocker</u>		24d. LOCATION (City, town, or county) (State) <u>Goodwater Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 1</u>		REGISTRAR'S SIGNATURE <u>70-0</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. ...</u>		ADDRESS <u>20 J...</u>	

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

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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 *J. O. [Signature]*

Licensed Embalmer No. 3641

P. O. Address *[Signature]*

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.