

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

V. S. No. 300
Rev. 10.48

FILED JAN 5 1954

State File No. _____
Registrar's No. 655

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN MERAMEC</u>		c. LENGTH OF STAY (in this place) <u>80 yr. s</u>	c. CITY OR TOWN <u>SULLIVAN</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>CROCKETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 22 - 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		8. DATE OF BIRTH <u>Feb. 6 - 1873</u>	
				9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u> IF UNDER 12 HOURS Min. _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>SULLIVAN MO.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>DAVID CROCKETT</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA CORTE</u>		14. NAME OF HUSBAND OR WIFE <u>LYDIA OHLER CROCKETT</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>498-22-3799</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS LYDIA CROCKETT</u> ADDRESS <u>SULLIVAN MO.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 days</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>	
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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) <u>4201</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from March, 1948, to Dec 22, 1953, that I last saw the deceased alive on Dec 22, 1953, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul H. Litt D.O.</u> (Degree or title)		23b. ADDRESS <u>Sullivan Mo</u>		23c. DATE SIGNED <u>12-23-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-24-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO</u>	

DATE REC'D BY LOCAL REG. <u>12/23/53</u>		REGISTRAR'S SIGNATURE <u>Thomas A. Nemphry</u> <u>496-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. P. Shaffer</u> ADDRESS <u>Sullivan Mo</u>	
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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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul F. Knollenberg.....

Licensed Embalmer No. 263P.....

P. O. Address Sullivan.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.