

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **152**

BIRTH NO. _____ REG. DIST. NO. **31** PRIMARY REG. DIST. NO. **5107** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY BENTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WINDSOR White Twp		c. CITY OR TOWN CENTER TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 WEEKS		f. STREET ADDRESS (If rural, give location) 2 N. W. CENTER TOWN. 0240	
d. FULL NAME OF HOSPITAL OR INSTITUTION 10 M. S. E. WINDSOR WHITE TOWNSHIP			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) MARSHALL c. (Last) CROY	4. DATE OF DEATH (Month) (Day) (Year) JAN. 31, 1956
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5. SEX M.	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APR. 11, 1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 9 Days 20	IF UNDER 24 HRS. Hours 20 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (City and State or Foreign Country) CANDEN CO., MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JERRYMIH CROY	13b. MOTHER'S MAIDEN NAME FLORENCE DAVENPORT	14. NAME OF HUSBAND OR WIFE FRANCES CROY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME JOHN CROY	ADDRESS VERSAILLES, MO.
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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) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH about 2 yrs
	ANTECEDENT CAUSES Morbid 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 331x	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) VERSAILLES MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **Jan 23, 1956** to **Jan 31, 1956**, that I last saw the deceased alive on **Jan 23, 1956**, and that death occurred at **10 a** m., from the causes and on the date stated above.

23a. SIGNATURE H. J. Pennington	(Degree or title) M.D.	23b. ADDRESS Windsor, MO	23c. DATE SIGNED 1-31-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2 FEB. 56	24c. NAME OF CEMETERY OR CREMATORY PORVUS CEM.	24d. LOCATION (City, town, or county) (State) MORGAN CO., MO.
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DATE REC'D BY LOCAL REG. 2-1-1956	REGISTRAR'S SIGNATURE E. L. Eichelberger	374	25. FUNERAL DIRECTOR'S SIGNATURE W. F. Kilduff	ADDRESS VERSAILLES, MO.
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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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4626

P. O. Address Versailles, Ky.

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.