

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**2453**

State File No. ....

**FILED FEB 14 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6035 Registrar's No. 592

<b>1. PLACE OF DEATH</b> a. COUNTY <u>RIPLEY</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>	
b. CITY OR TOWN <u>RURAL</u>	c. LENGTH OF STAY (in this place) <u>2 DAYS</u>	c. CITY OR TOWN <u>RURAL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 MILES N. OF DONIPHAN</u>		e. STREET ADDRESS (If rural, give location) <u>6 MI. N. OF DONIPHAN</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>VAN</u>	b. (Middle) <u>JEFFERSON</u>	c. (Last) <u>CROOK</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>JAN. 28-1956</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Never Married</u>	<b>8. DATE OF BIRTH</b> <u>FEB. 5-1891</u>	<b>9. AGE</b> (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>15</u> Days <u>23</u>	IF UNDER 24 hrs. Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work during most of working life, even if retired) <u>TIMBERWORKER</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>TIE CUTTER</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>RIPLEY COUNTY - MISSOURI</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>TOMMY CROOK</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>PARTHENA FRAMES</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>NEVER MARRIED</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>J.B. CROOK - DONIPHAN RT. #2-MO.</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Pneumonia bronchial.</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility</u>		
	DUE TO (c) <u>arteriosclerotic heart disease</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4000</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** Aug 1955, to Jan 28, 1956, that I last saw the deceased alive on 1-24, 1956, and that death occurred at 5:30 A.M. from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Frank Johnson</u>	(Degree or title) <u>R.M.</u>	<b>23b. ADDRESS</b> <u>Doniphan Mo</u>	<b>23c. DATE SIGNED</b> <u>1-28-56</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>Jan 29-1956</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>OAK GROVE CEMETERY</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>RIPLEY COUNTY - MISSOURI</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>2-1-56</u>	<b>REGISTRAR'S SIGNATURE</b> <u>W.D. Johnston</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>EDWARDS</u>	<b>ADDRESS</b> <u>FUNERAL HOME - DONIPHAN MO</u>
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No. 300  
10.48

0900

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.....  
Signature of Student Embalmer

Signed *Gene Harrent*.....

Licensed Embalmer No. *4809*

P. O. Address *Donighan*

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.