

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12297

STATE FILE NUMBER

Registration District No. 16 Primary Registration District No. 5076 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>Barton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kenoma</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kenoma</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At home</b>			Length of stay in lbs <b>5 yrs</b>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>CHARLEY OGDEN CROCKETT</b>				4. DATE OF DEATH <b>April 14 1956</b>			
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>April 5 1883</b>	
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Methodist Minister- Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and state or country) <b>Blackwater, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13. FATHER'S NAME <b>Samuel Crockett</b>				14. MOTHER'S MAIDEN NAME <b>Sallie M. Finley</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No xxx</b>			16. SOCIAL SECURITY NO. <b>xxx</b>		17. INFORMANT Address <b>Mrs. Mary E. Crockett, Kenoma, Missouri</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>perforated peptic ulcer</b>						INTERVAL BETWEEN ONSET AND DEATH <b>8 hours</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____	
						DUE TO (c) <b>stomach ulcer</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>LAMAR</b>		CITY, TOWN, OR LOCATION <b>Kenoma</b>	
21. I attended the deceased from <b>4.14</b>		500 <b>4.14</b>		50 and last saw her <b>4.14.56</b>		him alive on <b>4.14.56</b>	
Death occurred at <b>1:05 PM</b>		m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>DR. Guelder</b>			(Degree or title)		22b. ADDRESS <b>LAMAR (Mo)</b>		22c. DATE SIGNED <b>4.16.56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Apr 17 1956</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oakton</b>		23d. LOCATION (City, town, or county) (State) <b>Barton County, Missouri</b>	
24. FUNERAL DIRECTOR <b>Konantz Funeral Home, Lamar, Missouri</b>			ADDRESS		25. DATE RECD. BY LOCAL REG. <b>April 16-1956</b>		26. REGISTRAR'S SIGNATURE <b>Hazel M. Pugh</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Carl H. Kovantz*  
Licensed Embalmer No.... 2

P. O. Address... Lamar, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
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.