

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15297**BIRTH NO. _____ REG. DIST. NO. **354** PRIMARY REG. DIST. NO. **6197** Registrar's No. **65**

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give town) BURDINE twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, 3 miles N Cabool	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 10700	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) CLAUDIA b. (Middle) LOUISE c. (Last) CROCKETT			4. DATE OF DEATH (Month) (Day) (Year) 4-27-56		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH JAN 27 1879		9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) private sec.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MINNEAPOLIS, MINN.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME JAMES W. CROCKETT		13b. MOTHER'S MAIDEN NAME ELLA CLARK		14. NAME OF HUSBAND OR WIFE	
---------------------------------------------	--	---------------------------------------------	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Kathleen Van Fleet, Cabool, Mo.	
-----------------------------------------------------------------------------	--	-------------------------	--	-----------------------------------------------------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon		INTERVAL BETWEEN ONSET AND DEATH 10 months	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 Dec 8 1955		19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
-------------------------------------------------	--	--------------------------------------------------------------------------------------------------------	--	----------------------------	--

22. I hereby certify that I attended the deceased from **Dec 5, 1955**, to **April 25, 1956**, that I last saw the deceased alive on **Apr 25, 1956**, and that death occurred at **4:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Gaynell Bunningham (Degree or title)		23b. ADDRESS Cabool, Mo.		23c. DATE SIGNED Apr 28/56	
------------------------------------------------------------	--	---------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4-30-56		24c. NAME OF CEMETERY OR CREMATORY LAKWOOD CEM.	
				24d. LOCATION (City, town, or county) (State) MINNEAPOLIS, MINN.	

DATE RECD BY LOCAL REG. 4-30-56		REGISTRAR'S SIGNATURE Gaynell Bunningham		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Elliot - Seitz, Cabool, Mo.	
----------------------------------------	--	-------------------------------------------------	--	------------------------------------------------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

2831 21 03

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 James L. Gentry
Licensed Embalmer No. 4718

P. O. Address Calool, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.