

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30649**

FILED OCT 3 1956

Registrar's No. **4018**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4018</u>			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -a- STATE Missouri b. COUNTY Jackson <u>3188</u>					
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Kansas City <u>3</u>		c. LENGTH OF STAY (in this place) 18 yrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. Lakeside Hospital				e. STREET ADDRESS (If rural, give location) 3230 East 11th St.					
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS			b. (Middle) H.		c. (Last) CROOK, Sr.		4. DATE OF DEATH (Month) (Day) (Year) 9 14 56		
5. SEX 0 Ma		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-21-1896		9. AGE (In years last birthday) 59 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent				10b. KIND OF BUSINESS OR INDUSTRY Insurance Co.		11. BIRTHPLACE (City and State or Foreign Country) Tenn.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ross Crook			13b. MOTHER'S MAIDEN NAME Hattie Trout			14. NAME OF HUSBAND OR WIFE Velora Crook			
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. 490-09-0104		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Velora Crook, 3230 E. 11th, KC Mo.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic</u> DUE TO (c) <u>heart disease -</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.1						INTERVAL BETWEEN ONSET AND DEATH 4 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>1956</u> to <u>Sept. 14, 1956</u> , that I last saw the deceased alive on <u>Sept 14, 1956</u> , and that death occurred at <u>11:00 P.</u> <u>me.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Inscribed name) James E. Griffith				23b. ADDRESS 3909 Paseo of Mo			23c. DATE SIGNED 9/15/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-18-56		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Mo.			
DATE REC'D BY LOCAL REG. 9-15-56		REGISTRAR'S SIGNATURE neva minshall			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagner Funeral Home, N 6 Mo				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
James E. Griffith Jr. D. O.

10-1-07
2594-1-07

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 *John P. Bidmon*.....

Licensed Embalmer No. *453*

P. O. Address *Kansas City*

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.