

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 017500
State File No.

FILED JUN 7 1957

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 4237 Registrar's No. 100

700

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit		c. CITY OR TOWN Lee's Summit	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 yrs.		e. STREET ADDRESS (If rural, give location) 304 E. 6th Street 7000	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 304 E. 6th St.			

3. NAME OF DECEASED (Type or Print) a. (First) Clement b. (Middle) Miller c. (Last) Crook			4. DATE OF DEATH (Month) (Day) (Year) May 19, 1957		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Mar. 22, 1886		9. AGE (in years last birthday) 71		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Carroll County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Ruben Crook		13b. MOTHER'S MAIDEN NAME Emerine Miller		14. NAME OF HUSBAND OR WIFE Edith Crook	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 492-18-2276		17. INFORMANT'S SIGNATURE OR NAME Edith Crook, 304 E. 6th, Lee's Summit	
				ADDRESS 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident.		INTERVAL BETWEEN ONSET AND DEATH 5 years.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis heart disease 5 yrs.			
		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 none		20. AUTOPSY? 2 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) 4200	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 **11-6-55** to **5-19-57**, that I last saw the deceased alive on **5-1-57**, 19**57**, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. Langford (Degree or title)		23b. ADDRESS Lee's Summit		23c. DATE SIGNED 5-20-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 21, 1957		24c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery	
				24d. LOCATION (City, town, or county) (State) Buckner, Missouri	

DATE REC'D BY LOCAL REG. 5-20-1957		REGISTRAR'S SIGNATURE N. B. Langford		25. FUNERAL DIRECTOR'S SIGNATURE Langsford Funeral Home, Lee's Summit,	
				ADDRESS Mo.	

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JUN 4 1957

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 *N. B. Longstaff* Licensed Embalmer No. 4962

P. O. Address Lee's Summit

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.