

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011503  
STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 318 Primary Registration District 1003 Registrar's No. 2667

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>2199</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>3856 Olive St</i>		Length of stay in lb		d. STREET ADDRESS <i>3856 Olive St</i>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Thomas Jefferson Crook</i>				4. DATE OF DEATH Month <i>March</i> Day <i>4</i> Year <i>1958</i>			
5. SEX <i>male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Oct 18, 1892</i>	
9. AGE (In years last birthday) <i>65</i>		IF UNDER 1 YEAR Months <i>4</i> Days <i>14</i>		IF UNDER 24 HRS. Hours <i></i> Min. <i></i>			
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>				100. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Cherry, Tennessee</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>							
13. FATHER'S NAME <i>Thomas Crook</i>				14. MOTHER'S MAIDEN NAME <i>Lulu Curby</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>414-03-4581</i>		17. INFORMANT <i>Thomas Jefferson Crook Jr. 8735 Evans Ave</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>						INTERVAL BETWEEN ONSET AND DEATH <i>5 min.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <i>Coronary Infarction + 420.1</i>	
DUE TO (c)						1 hr.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <i>Asian Flu. Bil. O. Burn left foot &amp; Thrombophlebitis.</i>						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.) <i>2</i>				
20c. TIME OF INJURY Hour <i></i> Month, Day, Year a. m. <i></i> p. m. <i></i>							
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		COUNTY STATE	
21. I attended the deceased from <i>Feb 20 1958</i> to <i>Mar 3 1958</i> and last saw her alive on <i>Mar 2, 1958</i> Death occurred at <i>5 a.m.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Julian D. Lussey</i>				22b. ADDRESS <i>8321 No. Brookh St. Louis 15, Mo.</i>		22c. DATE SIGNED <i>3/5/58</i>	
23a. BURIAL, CREATION, REMOVAL (Specify)		23b. DATE <i>4/6/58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>St. Matthew Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>Attn at Brownwood, Mo</i>	
24. FUNERAL DIRECTOR <i>Bull-Campbell Mortuary, 5165 Delmar</i>				25. DATE RECD. BY LOCAL REG. <i>MAR 5 '58</i>		26. REGISTRAR'S SIGNATURE <i>J. C. Smith</i>	

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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.....  
*John J. Haines*

Licensed Embalmer No. *410*

P. O. Address *St. Louis*

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.