

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021410  
State File No. ....

FILED JUN 25 1958

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>94</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)			
a. COUNTY <u>Dunklin,</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Dunklin</u>		c. CITY OR TOWN <u>Deering</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>4 Da.</u>		c. CITY OR TOWN <u>Deering</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>					
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Maggie</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Crockett</u>	(Month) <u>June</u>	(Day) <u>16,</u>	(Year) <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-6-1887</u>	9. AGE (in years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ripley, Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>E. L. Deake</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Jane Burgess</u>		14. NAME OF HUSBAND OR WIFE <u>Earrest Chas. Crockett</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William M. Crockett Deering Mo.</u>				
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Soft Ventricular Failure</u>				<u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, 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) <u>Arteriosclerotic Heart Disease</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u>	
						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) _____		21d. (COUNTY) _____	
						(STATE) _____	
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? _____			
22. I hereby certify that I attended the deceased from <u>June 13, 1958</u> , to <u>June 16, 1958</u> , that I last saw the deceased alive on <u>June 16, 1958</u> , and that death occurred at <u>12:40 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles J. Plummer M.D.</u>				23b. ADDRESS <u>Kennett - Mo.</u>		23c. DATE SIGNED <u>6-20-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-18-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) <u>Kennett, Mo.</u>		
24d. LOCATION (City, town, or county) <u>Kennett, Mo.</u>		24e. DATE REC'D BY LOCAL REG. <u>6-21-58</u>		REGISTRAR'S SIGNATURE <u>Earl H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>EMERSON &amp; SON.</u>	
						ADDRESS <u>JONES BORO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 2 - 1958

RECEIVED DUNKLIN COUNTY H

DEPARTMENT 6-23

COUNTY FILE NUMBER 658

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 TOM V. Emmer

Licensed Embalmer No. 89

P. O. Address JONESBORO

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.