Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-028547
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY CLAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EXCELSIOR SPRINGS — Inside Limits Yes [x] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 215 S. KIMBALL — Length of stay in 1b MOST OF LIFE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CLAY
c. CITY OR TOWN EXCELSIOR SPRINGS 6002 — Inside Limits Yes [x] No [ ]
d. STREET ADDRESS (If outside, give location) 215 S. KIMBALL — Reside on Farm Yes [ ] No [x]

3. NAME OF DECEASED (Type or print) First SALLIE Middle Last CROCKETT

4. DATE OF DEATH Month JULY Day 1 Year 1958

5. SEX FEMALE 1
6. COLOR OR RACE WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [x] 2 DIVORCED [ ]
8. DATE OF BIRTH 9-4-1861
9. AGE (In years last birthday) 96 — 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)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) DEKALB CO., MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ALVIN F. MEANS
13b. MOTHER'S MAIDEN NAME McCORMICK
14. NAME OF HUSBAND OR WIFE JOHN M. CROCKETT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address ALMA TARRANTS, EXCELSIOR SPGS, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis — years
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 7/13/54, to 7/1/58 and last saw alive on 7/1/58
Death occurred at 10:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S.R. McCracken M. D.
22b. ADDRESS Excelsior Springs, Mo.
22c. DATE SIGNED 7/1/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 7-3-1958
23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY
23d. LOCATION (City, town, or county) (State) LIBERTY MISSOURI

24. FUNERAL DIRECTOR ADDRESS Prichard Funeral Home, Inc. Excelsior Springs, Missouri
25. DATE RECD. BY LOCAL REG. 8-1-58
26. REGISTRAR'S SIGNATURE Caroline Hutching

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

RECEIVED
AUG 14 1958
CLAY CO.,
HEALTH CENTER

AUG 25 1958

SEP 10 1958

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 ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.