

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035906

STATE FILE NUMBER

FILED NOV 7 1958

Registration District No. 098

Primary Registration District No.

Registrar's No. 103

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Daviess			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Grand River		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rural Grand River Twp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 1/2 Mi. N.E. Jameson Life		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 0310 2 1/2 Mi. N.E. Jameson		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Joseph Ross Croy			4. DATE OF DEATH Month Day Year Oct. 14 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 3 1884	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 74 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (City and state or country) Daviess Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Rogers Croy		13b. MOTHER'S MAIDEN NAME Caroline Scott		14. NAME OF HUSBAND OR WIFE Susie Croy	
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. 494-40-9248	17. INFORMANT Address Mrs. Susie Croy Jameson, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 W
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) hypertensive cardiac vascular disease					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DUE TO (c) 443 X unknown					
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 10/13/58 to 10/14/58 and last saw ^{her} _{him} alive on 10/13/58 Death occurred at 6:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Edwina Owen M.D.			22b. ADDRESS Gallatin		22c. DATE SIGNED 10/27/58
23a. BURIAL, CREMATION, REMOVAL (Specify)		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		Scotland Cemetery		Daviess Co. Missouri	
24. FUNERAL DIRECTOR ADDRESS Hope Funeral Home, Gallatin, Mo.		25. DATE RECD. BY LOCAL REG. 10-29-58		26. REGISTRAR'S SIGNATURE Triguer Mangelhart	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

NOV 7 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 Signature of Student Embalmer

Signed *L. C. Erickson*

Licensed Embalmer No. *3302*

P. O. Address *Bellevue*

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.