

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007010

STATE FILE NUMBER

2 1939

FILED MAR 10 1959

Registration District No. Primary Registration District No.

Registrar's No.

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-57
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE XXXXXXXX Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's-24da		Length of stay in 1b	d. STREET ADDRESS 1483 Goodfellow
3. NAME OF DECEASED (Type or print) First Middle Last TODD DRECK CROCKETT			4. DATE OF DEATH Month Day Year 2/ 22 1959
5. SEX M 2 C	6. COLOR OR RACE C	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-23-58
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (In years last birthday) 8 Months 29 Days IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Kenneth Oscar Crockett		13b. MOTHER'S MAIDEN NAME Shirley Christian	14. NAME OF HUSBAND OR WIFE none
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. none	17. INFORMANT Address Helen Negglein-500 S. Kingshighway
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural hematoma, recurrent C.K. Condition (b) DUE TO (b) which gave rise to above cause (a), stating the underlying condition last. E902.0 21 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 23 days (-30-59 to 2-22-59)
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Child fell off the couch to wooden floor	
20c. TIME OF INJURY Hour Month, Day, Year 9:45 a.m. 1 30 59			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 061 home.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Missouri	
21. I attended the deceased from 1-30-59 to 2-22-59 and last saw him alive on 2-22-59 Death occurred at 10 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Richard H. King M.D.		22b. ADDRESS 500 S. Kingshighway	
22c. DATE SIGNED 2/22/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2/25/59	
23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK		23d. LOCATION (City, town, or county) (State) BERKLEY, MISSOURI	
24. FUNERAL DIRECTOR E. B. Koonce		25. DATE RECD. BY LOCAL REG. FEB 24 '59	
24. FUNERAL DIRECTOR ADDRESS 1221 North Grand		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Melvin Blackburn*
Licensed Embalmer No. *3967*
P. O. Address *1221 N. Green*

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.