# OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH 59 045118 ~~590 0 4 5 11 11 8~~

FILED VS DEC 17 1959

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 71

MENDED

1. PLACE OF DEATH
a. COUNTY Ripley
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan — Length of stay in 1b 54 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Community Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ripley
c. CITY OR TOWN Doniphan — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RFD #7 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Jess Middle Ray Last Crook
4. DATE OF DEATH Month Nov. Day 23, Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Sept. 17, 1908
9. AGE (last birthday) 51 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY Grocery
11. BIRTHPLACE (City and state or country) Ripley County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Jess F. Crook
13b. MOTHER'S MAIDEN NAME Lou Creasy Rook
14. NAME OF HUSBAND OR WIFE Elgis Crook.
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 Elgis Crook Address R#7 Doniphan, 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) Carcinoma - primary leg. — INTERVAL BETWEEN ONSET AND DEATH 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 June 1957, to Nov 23, 1959 and last saw her/him alive on 11/23/59
Death occurred at 11:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank Johnson MD
22b. ADDRESS Doniphan Mo
22c. DATE SIGNED 11/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 24, 1959
23c. NAME OF CEMETERY OR CREMATORY Wilson Cemetery
23d. LOCATION (City, town, or county) (State) Ripley County, Mo.

24. FUNERAL DIRECTOR ADDRESS Edwards Funeral Home Doniphan, Mo.
25. DATE RECD. BY LOCAL REG. Dec. 8-59
26. REGISTRAR'S SIGNATURE Flava Broz

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**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 Gene H Parrent

Licensed Embalmer No. 4809

P. O. Address Naylor, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.