

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002722

FILED VS FEB 10 1960

Registration District No. 267 Primary Registration District No. 5900 Registrar's No. 16

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Pemisot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemisot</u>								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Deering</u>		Length of stay in 1b <u>35 years</u>		c. CITY OR TOWN <u>Deering</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>No Street Name</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>No Street Name</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <u>ERNEST</u> Middle <u>CHARLES</u> Last <u>CROCKETT</u>				4. DATE OF DEATH Month <u>January</u> Day <u>25</u> Year <u>1960</u>								
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-12-1877</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>13</u> Days <u>13</u> Hours <u>13</u> Min.	IF UNDER 24 HR.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Charleston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>					
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Maggie Crockett</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. M. P. Sparks, Deering, Mo.</u> Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Sclerosis & myocardial Insufficiency</u> DUE TO (b) <u>myocardial Insufficiency</u> DUE TO (c) <u>myocardial Insufficiency</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Pulmonary Tbc.</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 <u>9:30</u> a.m. p.m. Month, Day, Year <u>Nov. 10, 1959</u> to <u>Jan 25, 1960</u>		20d. INJURY OCCURRED WHILE AT WORK <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 <u>Kennett, Missouri</u>	COUNTY	STATE
21. I attended the deceased from <u>Nov. 10, 1959</u> to <u>Jan 25, 1960</u> and last saw her alive on <u>Jan 25, 1960</u> Death occurred at <u>9:30</u> on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <u>George Blumens</u> Deceased or title						22b. ADDRESS <u>Kennett, Missouri</u>			22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-27-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Kennett, Missouri</u>						
24. FUNERAL DIRECTOR <u>Emerson Funeral H. Jonesboro, Ark</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>1-27-60</u>		26. REGISTRAR'S SIGNATURE <u>Estelinda Adams</u>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 10 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

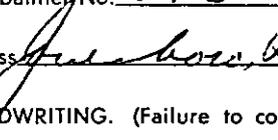
Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 895

P. O. Address 

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