

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005431

FILED VS MAR 10 1960

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 23

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1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CARROLL</u>		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>CARROLLTON</u>		Length of stay in 1b <u>23 YEARS</u>	c. CITY OR TOWN <u>CARROLLTON</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>512 N. SLOANE</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>512 N. SLOANE</u>	
3. NAME OF DECEASED (Type or print) First <u>ROSETTA</u> Middle <u>CROCKETT</u> Last <u>CROCKETT</u>			4. DATE OF DEATH Month <u>FEB</u> Day <u>27</u> Year <u>1960</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>N.</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>2-8-1883</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>MANDEVILLE, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN CALMESE</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK 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>NO.</u>	17. INFORMANT <u>REDDIE CROCKETT WIFE</u> Address <u>CARROLLTON, MO</u>		
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>Cardiac Failure</u> DUE TO (b) <u>Soultiy</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>Short</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ Month, Day, Year _____ a.m. _____ p.m.					
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	COUNTY	STATE	
21. I attended the deceased from <u>2-27-1960</u> to <u>2-27-1960</u> and last saw <u>her</u> alive on _____ Death occurred at <u>1:00 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) <u>R.M. Marshall Jr Coroner</u>			22b. ADDRESS <u>Carrollton, Mo</u>		22c. DATE SIGNED <u>3-1-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-29-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>apricot Oak Hill</u>	23d. LOCATION (City, town, or county) <u>CARROLLTON, MO</u>		(State)
24. FUNERAL DIRECTOR <u>Marshall Funeral Home</u>		ADDRESS <u>Carrollton, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>2-29-60</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Herbert Cleaver</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 P. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton

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.