

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014837

STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. 4459 Registrar's No. 19

AMENDED

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osceola</u>		Length of stay in 1b	c. CITY OR TOWN <u>Lowry City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Osceola Med; Hosp;</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Lowry City</u>
3. NAME OF DECEASED (Type or print) <u>Genavia Louise Crocker</u>		First Middle Last	4. DATE OF DEATH Month Day Year <u>April 4, 1961</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/28/46</u>	9. AGE (last birthday) <u>14</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Clinton Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Richard Crocker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Louise Walker</u>		14. NAME OF HUSBAND OR WIFE		
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 Address <u>Hazel Walker, Lowry City 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>Basal skull fracture</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Automobile accident</u>
20c. TIME OF INJURY Hour Month, Day, Year <u>11:00 p.m. 31 Mar 61</u>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway - Lowry City, MO</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Lowry City St. Clair MO</u>
21. I attended the deceased from <u>31 Mar 61</u> to <u>1 Apr 61</u> and last saw her alive on <u>1 Apr 61</u> Death occurred at <u>2:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>A. J. Slesler MD</u>	22b. ADDRESS <u>Osceola Missouri</u>	22c. DATE SIGNED <u>4/2/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/3/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Mound</u>
24. FUNERAL DIRECTOR ADDRESS <u>Goodrich Funeral Home, Osceola Mo</u>		23d. LOCATION (City, town, or county) (State) <u>Osceola Mo</u>
25. DATE RECD. BY LOCAL REG. <u>4-11-61</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Seewers</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

NOV 21 1961

**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

*Paul T. Tipton*

Licensed Embalmer No.

*3990*

P. O. Address

*Orlando Mo*

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.

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014837

STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. 4452 Registrar's No. 19

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

3/1/85

INSTEAD OF

April 4, 1961

SHOULD READ

April 1, 1961

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osceola</u>		Length of stay in 1b	c. CITY OR TOWN <u>Lowry City</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Osceola Med. Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>Lowry City</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Genevia Louisa Crocker</u>		4. DATE OF DEATH Month <u>1</u> Day <u>1</u> Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/28/46</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>14</u>
11. BIRTHPLACE (City and state or country) <u>Clinton Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
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14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		15. SOCIAL SECURITY NO. <u>None</u>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Basal skull fracture</u>		17. INFORMANT <u>Hazel Walker, Lowry City Mo.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>	
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20c. TIME OF INJURY Hour <u>11:00</u> Month, Day, Year <u>Mar 31 1961</u>		20d. PLACE OF INJURY (e.g., in about home, farm, factory, street, office, etc.) <u>Highway - Lowry City, MO</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Lowry City</u>	
20g. COUNTY <u>St. Clair</u>		20h. STATE <u>MO</u>	
21. I attended the deceased from <u>31 Mar 61</u> to <u>1 Apr 61</u> and last saw her alive on <u>1 Apr 61</u>		Death occurred at <u>2:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Osceola Missouri</u>	
22c. DATE SIGNED <u>4/2/61</u>		23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>4/3/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Mound</u>	
23d. LOCATION (City, town, or county) <u>Osceola Mo</u>		23e. STATE <u>MO</u>	
24. FUNERAL DIRECTOR <u>Goodrich Funeral Home, Osceola Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-11-61</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

