

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024650

STATE FILE NUMBER

AMENDED

Registration District No. 104 Primary Registration District No. 5418 Registrar's No. 14

FILED AUG 7 1961

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cottonhill		c. CITY OR TOWN Malden, Mo.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2Mi. S.W. Malden		d. STREET ADDRESS (If outside, give location) 2Mi. S.W. Malden, Mo.	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle Crook Last Crook	4. DATE OF DEATH Month July Day 26 Year 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-16-1878	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Waterloo, Ill.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William H. Crook	13b. MOTHER'S MAIDEN NAME Ann Holsmby	14. NAME OF HUSBAND OR WIFE Henrietta Kruse
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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.	17. INFORMANT Ross McCurter Malden, Mo. Route 1
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL APOPLEXY		INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
DUE TO (b) LEFT VENTRICULAR FAILURE 2 WEEKS		
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 type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour 3:05 a.m. Month, Day, Year	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 Malden, Mo.	COUNTY Dunklin	STATE Mo.
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21. I attended the deceased from Jan 1960 to July 26, 1961 and last saw him alive on July 26, 1961 Death occurred at 3:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE J. W. Lawrence D.O. (Degree or title)	22b. ADDRESS Malden, Mo.	22c. DATE SIGNED 7/26/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-27-61	23c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery	23d. LOCATION (City, town, or county) Malden, Mo.
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24. FUNERAL DIRECTOR Day & Knight F.H. Malden, Mo.	25. DATE RECD. BY LOCAL REG. 7-31-61	26. REGISTRAR'S SIGNATURE J. W. Lawrence
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

VS AUG 10 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 J. L. Klumpp
Licensed Embalmer No. 4086
P. O. Address Maedon

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.