

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045480

Registration District No. 182 Primary Registration District No. 5685 Registrar's No. 321

STATE FILE NUMBER

AMENDED

FILED JAN 5 1962

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson</u>		Length of stay in 1b <u>17 minutes</u>	c. CITY OR TOWN <u>Chula</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Rd 10 mi S, E Laredo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>11 mi S E Laredo</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>James Ennis Crooks</u>			4. DATE OF DEATH Month Day Year <u>December 28 1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 3 1907</u>
9. AGE (last Birthday) <u>54</u>		IF UNDER 1 YEAR Months Days <u>7 25</u>	IF UNDER 24 HR Hours Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Grundy County Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Crooks</u>	
13b. MOTHER'S MAIDEN NAME <u>Vedie Lightner Crooks</u>		14. NAME OF HUSBAND OR WIFE <u>Blondena Crooks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi) <u>NO</u>		17. INFORMANT <u>Mrs. James Crooks Chula 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>ACCIDENT (TRACTOR)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>IMMED.</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) <u>CHEST CRASHED -</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 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>TRACTOR OVERTURNED - CRUSHING CHEST</u>	
20c. TIME OF INJURY Hour <u>4:00</u> p.m. <u> </u> Month, Day, Year <u>12-28-61</u>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>COUNTRY ROAD</u>		20f. CITY, TOWN, OR LOCATION <u>JACKSON TOWNSHIP</u>	COUNTY STATE <u>LINN MO.</u>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>Approx 4:00 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>MOR Knight</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Madaville, Mo.</u>	22c. DATE SIGNED <u>12-29-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/31/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hoseville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Humphreys MO</u>
24. FUNERAL DIRECTOR <u>E. J. Robertson Funeral Home Laredo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>1-3-1962</u>	26. REGISTRAR'S SIGNATURE <u>Lavenia M. Mace</u>

JAN 9 1962

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. M. Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo

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.