

CERTIFICATE OF DEATH

STATE FILE NUMBER

124 70 0034026

7561

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

DECEASED—NAME			SEX			DATE OF DEATH (MONTH, DAY, YEAR)		
1. Kevin Matthew Croy			2. Male			3. August 9, 1970		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)			AGE—LAST BIRTHDAY (YEARS)			DATE OF BIRTH (MONTH, DAY, YEAR)		
4. White			5. 23			6. July 18, 1970		
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			COUNTY OF DEATH		
7b. St. Louis			7c. yes			7d. Cardinal Glennon Memorial Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			CITIZEN OF WHAT COUNTRY			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		
8. Missouri			9. USA			10. Never Married		
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY		
11. None			12. None			13. None		
RESIDENCE—STATE			COUNTY			CITY, TOWN, OR LOCATION		
14. Missouri			14b. Jefferson			14c. Eenton		
FATHER—NAME			MOTHER—MAIDEN NAME			STREET AND NUMBER		
15. Jerry E. Croy			16. Sharon M. Porter			14d. no		
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17. Jerry E. Croy			17b. 21 Planet Drive, Eenton, Mo.					
PART I. DEATH WAS CAUSED BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
18. IMMEDIATE CAUSE								
(a) Left Heart Syndrome								
DUE TO, OR AS A CONSEQUENCE OF:								
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			(b) Transposition of the Great Vessels					
			(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)			IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		
Pneumonia			19. yes			19b.		
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)			DATE OF INJURY (MONTH, DAY, YEAR)			HOUR		
20.			20b.			20c. M. 20d.		
INJURY AT WORK (SPECIFY YES OR NO)			PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)			LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20a.			20f.			20g.		
CERTIFICATION—PHYSICIAN:			AND LAST SAW HIM/HER ALIVE ON			I DID OR DID NOT VIEW THE BODY AFTER DEATH.		
21a. 8 7 70 TO 8 9 - 70			21c. 8 9 70			21d.		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH			THE DECEDENT WAS PRONOUNCED DEAD		
22.			22b.			22c.		
CERTIFIER—NAME (TYPE OF PRINT)			SIGNATURE			DEGREE OF TITLE		
23a. JAMES L. DONAHUE, M. D.			23b. James L. Donahue			23c. B.S.		
MAILING ADDRESS—FURNISH			STREET OR R.F.D. NO.			CITY OR TOWN		
23d. 950 Francis Pl			23e. Clayton			23f. MO 63105		
BURIAL, CREMATION, REMOVAL (SPECIFY)			CEMETERY OR CREMATORY—NAME			LOCATION		
24a. Removal			24b. Local Cemetery			24c. California, Mo.		
DATE (MONTH, DAY, YEAR)			FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			DATE RECEIVED BY LOCAL REGISTRAR		
24d. 8-11-70			24e. Bowlin Funeral Home, 100 So. Oak St., California, Mo.			24f. AUG 11 1970		
FURNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE			DATE RECEIVED BY LOCAL REGISTRAR		
25. Lawrence G. Meyer			25b. William C. Batten			25c.		

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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 Robert E. Nuhleman

Licensed Embalmer No. 4916

P. O. Address St. Louis, 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.