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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5716 State File No. 1821

BIRTH NO. 192 REG. DIST. NO. 192 PRIMARY REG. DIST. NO. ~~1308~~ Registrar's No. L

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <i>McDonald</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY <i>Mo</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <i>Moel, Mo. - RR</i> | | c. CITY (If outside corporate limits, write RURAL and give township) <i>Sartago mo.</i> | |
| c. LENGTH OF STAY (In this place) _____ | | d. STREET ADDRESS (If rural, give location) _____ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | |

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|---|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <i>Mary</i> b. (Middle) <i>Viola</i> c. (Last) <i>Crispin</i> | | | 4. DATE OF DEATH (Month) (Day) (Year) <i>1-2-49</i> | | |
| 5. SEX <i>Female</i> | 6. COLOR OF RACE <i>White</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i> | 8. DATE OF BIRTH <i>Jan 27-1866</i> | 9. AGE (In years last birthday) <i>82</i> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <i>North Adams Mass</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>USA.</i> |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME <i>Nicholas Korman</i> | | 13b. MOTHER'S MAIDEN NAME <i>Josephine Burt</i> | | 14. NAME OF HUSBAND OR WIFE <i>Widow</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <i>Homer Crispin</i> ADDRESS <i>South West City</i> | |

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|--|--|--|---------------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Congestive Heart Failure</i> | | INTERVAL BETWEEN ONSET AND DEATH ? |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Myocarditis</i> | | |
| | DUE TO (c) <i>Senility</i> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>none</i> | | | |

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| 19a. DATE OF OPERATION <i>no</i> | 19b. MAJOR FINDINGS OF OPERATION <i>none</i> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Moel, Mo. - RR</i> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>McDonald Mo.</i> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>none</i> m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <i>none</i> |

22. I hereby certify that I attended the deceased from *12-31, 1948*, to *1-2, 1949*, that I last saw the deceased alive on *12-31, 1948* and that death occurred at *7:45 A.M.*, from the causes and on the date stated above.

| | | |
|---|---|---|
| 23a. SIGNATURE (Degree or title) <i>R.E. Wammack M.D.</i> | 23b. ADDRESS <i>Southwest City, Mo.</i> | 23c. DATE SIGNED <i>1-2-49</i> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | 24b. DATE <i>1-2-49</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Sartago</i> |
| 24d. LOCATION (City, town, or county) (State) <i>Sartago, Mo.</i> | | |

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| DATE REC'D BY LOCAL REG. <i>1-9-49</i> | REGISTRAR'S SIGNATURE <i>Virginia Buckle</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Woodrow</i> ADDRESS <i>Main St.</i> |
|--|--|--|

RECEIVED

District Health Officer No. 6,

District File Number 149-52

Date Filed 1-11-49

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.

Signed _____

R. O. Anderson

Signed _____

Student Embalmer

Licensed Embalmer No. 10891

P. O. Address Miami Okla.

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 this body is not embalmed, fact should be so stated above.