

SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30793

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>155</u>	PRIMARY REG. DIST. NO. <u>3127</u>	Registrar's No. <u>159</u>
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Webb city</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Webb City,</u>		
c. LENGTH OF STAY (in this place) <u>51 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>323 South Liberty St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>323 South Liberty St.</u>		d. STREET ADDRESS (If rural, give location) <u>323 South Liberty St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u>		b. (Middle) <u>J.</u>		c. (Last) <u>CRUTCHER</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 1949</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 17, 1879</u>	9. AGE (in years last birthday) <u>70</u>
		IF UNDER 1 YEAR Months <u>5</u> Days <u>26</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Groceryman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Oroan R. Crutcher</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Milton</u>		14. NAME OF HUSBAND OR WIFE <u>Mable Crutcher</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mable Crutcher</u> ADDRESS <u>Webb City, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis + chronic myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420!</u>		
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>Sept 13</u> , 19 <u>49</u> , to <u>Sept 13</u> , 19 <u>49</u> , that I last saw the deceased <u>alive and not</u> , 19____, and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>G. M. Erickson M.D.</u>		23b. ADDRESS <u>Webb City</u>		23c. DATE SIGNED <u>9/16/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/16/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>
				24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>
DATE REC'D BY LOCAL REG. <u>SEPT. 16, 1949</u>		REGISTRAR'S SIGNATURE <u>M. Crutcher</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge-Edwards</u> ADDRESS <u>Webb City, MO.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

44
266

RECEIVED 9-19-49
Jasper County Health Office

County File Number 49-9-715
Date Filed 9-24-49

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.

Student _____
Student Embalmer

Signed *Richard Gray Lewis*

Licensed Embalmer No. *44605*

P. O. Address *Webb City 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 this body is not embalmed, fact should be so stated above.