

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27430**  
Registrar's No. **143**

FILED SEP 12 1951

BIRTH NO. _____		REG. DIST. NO. <b>155</b>		PRIMARY REG. DIST. NO. <b>5579</b>		State File No. <b>27430</b>		Registrar's No. <b>143</b>			
1. PLACE OF DEATH a. COUNTY <b>Jasper</b> <b>0490</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>							
b. CITY OR TOWN <b>Alba</b>				c. LENGTH OF STAY (in this place) <b>40yrs</b>		c. CITY OR TOWN <b>Alba</b> <b>0490</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural-Mineral Twp</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>			b. (Middle) <b>RAY</b>			c. (Last) <b>CRISSMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 4, 1951</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>March 18, 1898</b>		9. AGE (In years last birthday) <b>53</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>17</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Army Engineer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Engineer</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>James F. Crissman</b>				13b. MOTHER'S MAIDEN NAME <b>Nora Allen</b>			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>WW 11</b>				16. SOCIAL SECURITY NO. <b>11</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Nora Alice Crissman</b> ADDRESS <b>Alba, Mo.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH		
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Leama</b>									
		ANTECEDENT CAUSES									
		DUE TO (b) <b>Congestive heart failure</b> DUE TO (c) <b>Chronic myocarditis</b>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Abdominal acites, hepatitis</b>							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?			21g. DATE OF OPERATION			21h. MAJOR FINDINGS OF OPERATION			
22. I hereby certify that I attended the deceased from <b>9-3</b> , 19 <b>51</b> to <b>9-4</b> , 19 <b>51</b> that I last saw the deceased alive on <b>9-4</b> , 19 <b>51</b> and that death occurred at <b>11:30 AM</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>W. W. Forbes</b> (Degree or title) <b>D.O.</b>				23b. ADDRESS <b>Cartersville, Mo.</b>				23c. DATE SIGNED <b>9-6-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 7, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>			24d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>Sept 7-51</b>		REGISTRAR'S SIGNATURE <b>J. L. Webb</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedge Lewis</b> ADDRESS <b>Webb City, Mo.</b>						

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

RECEIVED 9-11-51  
Jasper County Health Office

SEP 20 1951

County File Number 51/9/717  
Date Filed 9-11-51

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 Leon J. Lewis Jr.

Licensed Embalmer No. 4561

P. O. Address Well City, W

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.