

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6323**  
Registrar's No. **1073**

FILED FEB 27 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 2059</b>	
c. LENGTH OF STAY (in this place) <b>9 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>5 1233 HODIAMONT</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1233 HODIAMONT</b>		d. STREET ADDRESS (If rural, give location) <b>5 1233 HODIAMONT</b>	
3. NAME OF DECEASED (Type or Print) <b>NORA CRUTCHFIELD</b> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 2 52</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>OCT. 12, 1882</b>
9. AGE (in years last birthday) <b>69</b>		IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>U DONIPHAN, MO.</b>
12. CITIZENRY OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>ENOCH SMOTHERS</b>	
13b. MOTHER'S MAIDEN NAME <b>JULIA BRAMEN</b>		14. NAME OF HUSBAND OR WIFE <b>WILLIE CRUTCHFIELD</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>JULIA CRUTCHFIELD</b>		ADDRESS <b>5925<sup>th</sup> THEODOSSIA</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma (Breast)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b)
			DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>Aug 29-1951</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Breast.</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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? <b>170X</b>	
22. I hereby certify that I attended the deceased from <b>June 15, 1951</b> , to <b>Feb 2</b> , 1952, that I last saw the deceased alive on <b>Feb 2</b> , 1952, and that death occurred at <b>9:25 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>James S. Fisher</b>		23b. ADDRESS <b>D.O. 6201 Lotus Avenue</b>	
		23c. DATE SIGNED <b>2-2-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>2-3-52</b>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>CORNING, ARK.</b>	
DATE REC'D BY LOCAL REG. <b>FEB 4 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>PAWLAND MORTUARY SVC. MANCHESTER.</b> ADDRESS <b>4104</b>	

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

**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

*John Ketter*

Licensed Embalmer No. ....

3880

P. O. Address.....

**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.