

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43826**
Registrar's No. **109**

FILED NOV 17 1953 REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **5913**

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

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before (If Institution)) a. STATE Illinois b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Boise Brule		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sandy Island		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grand Tower	
		d. STREET ADDRESS (If rural, give location) 8120 8	

3. NAME OF DECEASED (Type or Print)	a. (First) Archie	b. (Middle) Russell	c. (Last) Cripps	4. DATE OF DEATH (Month) (Day) (Year) October 31, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH October 13, 1911	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber Man	10b. KIND OF BUSINESS OR INDUSTRY Lumber	11. BIRTHPLACE (State or foreign country) Union County, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Melvin Cripps	13b. MOTHER'S MAIDEN NAME Ruth Ellen Ellis	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW1	16. SOCIAL SECURITY NO. 3590012038	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jewell Vincent, Jonesboro, Ill	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of neck & Skull		INTERVAL BETWEEN ONSET AND DEATH SEAL CORONER of Perry County Mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Falling Tree		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9108 3		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Sandy Island	21c. (CITY, TOWN, OR TOWNSHIP) Grand Tower (COUNTY) Boise Brule (STATE) Perry
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) OCT 31 1953 9:15 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Pushed by Falling Tree
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22. I hereby certify that I attended the deceased from **County of Perry, Missouri**, to **County of Perry, Missouri**, that I last saw the deceased alive on **County of Perry, Missouri**, and that death occurred at **9:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Newman (Degree or title) Coroner of Perry County, Mo.	23b. ADDRESS Perryville, Mo.	23c. DATE SIGNED 11-1-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE November 2, 1953	24c. NAME OF CEMETERY OR CREMATORY Walker Hill Cemetery	24d. LOCATION (City, town, or county) (State) Grand Tower, Ill.
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DATE REC'D BY LOCAL REG. 11-1-53	REGISTRAR'S SIGNATURE Joe J. Zellmer	25. FUNERAL DIRECTOR'S SIGNATURE Albert Bey ADDRESS Perryville, Mo.
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NOV 17 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, ~~only~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Albert Bey

Licensed Embalmer No. 3866

P. O. Address Ferrysville, 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.