No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9700

BIRTH NO. FILED MAR 30 1954 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCormick Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Madison, 0690
d. STREET ADDRESS (If rural, give location) R R

3. NAME OF DECEASED (Type or Print) a. (First) Lola b. (Middle) Mae c. (Last) Crim

4. DATE OF DEATH (Month) 3 (Day) 22 (Year) 54

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 8/3/1895
9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Middle Grove, Monroe Co
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME William Willard Riley
13b. MOTHER'S MAIDEN NAME Elizabeth Tydings
14. NAME OF HUSBAND OR WIFE E W Crim

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME E. W. Crim ADDRESS Madison, Mo R R

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burns 1st degree 80% of body — INTERVAL BETWEEN ONSET AND DEATH 1 day

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.
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19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Madison (COUNTY) Monroe 069 (STATE) Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 - 22 - 54 12:00 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Throwed a turpentine rag into lighted stove catching clothes on fire

22. *I hereby certify that I attended the deceased from* March 21, 1954, *to* March 22, 1954 *that I last saw the deceased alive on* March 22, 1954, *and that death occurred at* 4:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE W. H. McCormick D. O. (Degree or title) J
23b. ADDRESS 300½ Reed St, Moberly Mo.
23c. DATE SIGNED 3-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mch 24/54
24c. NAME OF CEMETERY OR CREMATORY Sunset Hill
24d. LOCATION (City, town, or county) Madison, Missouri (State)

DATE REC'D BY LOCAL REG. 3/23/54
REGISTRAR'S SIGNATURE Leah Williams Lowe 269
25. FUNERAL DIRECTOR'S SIGNATURE Fred A. Thompson ADDRESS Madison, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 7 1958

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 Mrs Fred A Thompson

Licensed Embalmer No. 3282

P. O. Address Madison

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.