

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8263

State File No. \_\_\_\_\_

FILED MAR 16 1956

Registrar's No. 195

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 5143	
1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff <i>Twp.</i>		c. LENGTH OF STAY (in this place) 60 yrs.	c. CITY OR TOWN Poplar Bluff		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 5			e. STREET ADDRESS (If rural, give location) Route 5		
3. NAME OF DECEASED (Type or Print) a. (First) Florence		b. (Middle) Belle	c. (Last) Crunk	4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 7, 1892	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and State or Foreign Country) Harding, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Coleman		13b. MOTHER'S MAIDEN NAME Sarah Mansfield		14. NAME OF HUSBAND OR WIFE Thomas A. Crunk	
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. x x x x x x x x x x	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas A. Crunk Poplar Bluff, Mo.		
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) Multiple Metastatic Tumors of Colon and Cecum DUE TO (b) Probably Malignant DUE TO (c) Origin Undetermined		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH 2 mo	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1991
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 Mar 15, 1955, to Feb 15, 1956, that I last saw the deceased alive on Feb 15, 1956, and that death occurred at 3:45 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. B. Hooker M.D.		23b. ADDRESS 321 Oak Poplar Bluff Mo		23c. DATE SIGNED Mar 5, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2-17-56	24c. NAME OF CEMETERY OR CREMATORY Black Creek Cem.	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo. R. 5		
DATE REC'D BY LOCAL REG. 3/9/56	REGISTRAR'S SIGNATURE C. H. Muehleisen		FUNDERAL DIRECTOR'S SIGNATURE ADDRESS Watkins & Sons Dexter, Mo.		

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

RECEIVED  
MAR 13 1956  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *Marsh Watters*

Licensed Embalmer No. *4717*

P. O. Address *Dexter, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.