

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17156

FILED JUN 11 1956

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Newton</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Neosho</u> <u>C</u> c. LENGTH OF STAY (in this place) <u>9 Hrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Sale Memorial Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> <u>050</u> c. CITY OR TOWN <u>Furdy</u> d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>Route #2</u>	
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3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Carolyn</u> c. (Last) <u>Crumley</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>23</u> <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 8, 1875</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>15</u>	IF UNDER 18 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>R.G. Suttle</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Carter</u>	14. NAME OF HUSBAND OR WIFE <u>Sam E. Crumley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Wallace, Galena, Kansas</u>

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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		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?	

22. I hereby certify that I attended the deceased from 1-17- 1956, to 5-23- 1956, that I last saw the deceased alive on 5-23- 1956, and that death occurred at 5:40 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Randal H. Ochs, M.D.</u>	23b. ADDRESS <u>Wheaton, Mo.</u>	23c. DATE SIGNED <u>5-25-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-25-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Furdy, Route 2, Mo.</u>

DATE REC'D BY LOCAL REG. <u>6-1-56</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mercer Funeral Home, Monett, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. Newton
District File Number 656-90
Date Filed JUN 6 1956

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 Roy H. Mercer

Licensed Embalmer No. 443

P. O. Address Manett, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.