

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27330  
STATE FILE NUMBER

FILED AUG 12 1957

Registration District No. 372 Primary Registration District No. 6284 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Manes, Missouri</b>		c. CITY OR TOWN <b>Manes</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At home - in Manes</b>		Length of stay in 1b <b>Life</b>	
3. NAME OF DECEASED (Type or print) <b>Mary Cordella Crisp</b>		4. DATE OF DEATH <b>July 27, 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>November 7, 1933</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <b>73</b>
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	10c. AGE (In years last birthday) <b>73</b>
11. BIRTHPLACE (City and state or country) <b>Manes, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Joseph Rodgers</b>		14. MOTHER'S MAIDEN NAME <b>Susan Coggins</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>----</b>	
17. INFORMANT <b>Henry Crisp</b>		Address <b>Manes, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Arteriosclerosis</b> DUE TO (b) <b>Arteriosclerosis Hypertension</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>H201</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Not known</b> <b>Not known</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>10:00 P.</b> a. m. <b>10:00</b> p. m. <b>P.</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Manes, Missouri</b>	
20g. COUNTY <b>Wright</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>July 10, 1957</b> to <b>July 27, 1957</b> and last saw her/him alive on _____ Death occurred at <b>10:00 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Self</b>		22b. ADDRESS <b>Mountain Grove, Mo.</b>	
22c. DATE SIGNED <b>8-7-57</b>		22d. (Degree or title)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 30, 1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Evening Shade Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Wright County, Missouri</b>	
24. FUNERAL DIRECTOR <b>R.W. Barber</b>		ADDRESS <b>Mountain Grove, Mo</b>	
25. DATE RECD. BY LOCAL REG. <b>8-9-57</b>		26. REGISTRAR'S SIGNATURE <b>Bonnie J. Jones</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MISSOURI  
 DEPARTMENT OF HEALTH  
 DIVISION OF PUBLIC HEALTH  
 65-6110-107  
 88-258  
 10-4-107

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 George Stapp  
 Licensed Embalmer No. 3161  
 P. O. Address St. Louis

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.