

Health,
Welfare
Public
Service

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009129

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. _____ Registrar's No. 222

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rt. 1 Benton</u> ¹⁰⁰⁰ ₂
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Hosp.</u>		Length of stay in lb <u>Few Hours</u>	d. STREET ADDRESS (If outside, give location) <u>Rt. 1 Benton</u>
3. NAME OF DECEASED (Type or print) First <u>Herman</u> Middle <u>R.</u> Last <u>Crumpecker</u>			4. DATE OF DEATH Month <u>2</u> Day <u>25</u> Year <u>58</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8/17/1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Roanoke, Va.</u>
13a. FATHER'S NAME <u>Granville Crumpecker</u>		13b. MOTHER'S MAIDEN NAME <u>Jamison</u>	14. NAME OF HUSBAND OR WIFE <u>Elzada Crumpecker</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>H.R. Crumpecker Jr. Rt. 1 Benton, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute mesenteric thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>2-25-58</u> to <u>2-25-58</u> and last saw her alive on <u>2-25-58</u> Death occurred at <u>9:00 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles F. Wilson M.D.</u>		22b. ADDRESS <u>717 Broadway Cape Girardeau Mo.</u>	
		22c. DATE SIGNED <u>3-7-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/27/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forrest Hills Mem. Garden</u>
		23d. LOCATION (City, town, or county) (State) <u>Morley, Missouri</u>	
24. FUNERAL DIRECTOR <u>Edith E. Nunnelee</u>		25. DATE RECD. BY LOCAL REG. <u>March 12, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Homer E. Cooper</u>
ADDRESS <u>Nunnelee Funeral Chapel, Charleston</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Edward E. Munnick*

Licensed Embalmer No. *4164*

P. O. Address *Sikeston, 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.