Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035441
STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 483

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Columbia — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 213 Waugh St. — Length of stay in 1b: 42 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: Columbia — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 213 Waugh St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: SALLIE Middle: MAUDE Last: CREWS

4. DATE OF DEATH Month: October Day: 28 Year: 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: Dec. 15, 1865

9. AGE (In years last birthday): 92 — 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): At Home

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Callaway County, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Vincent Arthur

13b. MOTHER'S MAIDEN NAME: Nancy Ann Selby

14. NAME OF HUSBAND OR WIFE: William Edward Crews

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ——

16. SOCIAL SECURITY NO.: ——

17. INFORMANT Address: Miss Allie Crews, 213 Waugh, Columbia, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gangrene Left Leg — INTERVAL BETWEEN ONSET AND DEATH: 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — ?
DUE TO (c): 4501
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 [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 June 1957 to Oct-28-58 and last saw her/him alive on Oct-27 58
Death occurred at 9 00 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F.C. Ruggels (Degree or title) MD — **22b. ADDRESS** Columbia Mo — **22c. DATE SIGNED** 10-28-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **23b. DATE:** Oct. 30, 1958 — **23c. NAME OF CEMETERY OR CREMATORY:** Memorial Park Cemetery — **23d. LOCATION** (City, town, or county) (State): Columbia, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Parker Funeral Service, Columbia, Mo. — **25. DATE RECD. BY LOCAL REG.:** Oct 30 1958 — **26. REGISTRAR'S SIGNATURE:** Mrs R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

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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 George A. Kerfoot

Licensed Embalmer No. 4757

P. O. Address Columbia 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.