

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39-001925

STATE FILE NUMBER

FILED JAN 20 1959

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Lexington Mo</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Lexington Mo</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Lexington Memorial Hosp</i>		Length of stay in lb <i>life</i>	d. STREET ADDRESS (If outside, give location) <i>Clinton St.</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <i>James Lee Crumble</i>			4. DATE OF DEATH Month <i>January</i> Day <i>8</i> Year <i>1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 2, 1957</i>	

9. AGE (In years last birthday) <i>2</i>	FUNDER 1 YEAR Months <i>0</i> Days <i>0</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unemployed Child</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and state or country) <i>Lexington MO</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
--	--	---	---

13a. FATHER'S NAME <i>Oscar Crumble</i>	13b. MOTHER'S MAIDEN NAME <i>Alfreda Kilmore</i>	14. NAME OF HUSBAND OR WIFE <i>Oscar Crumble</i>
--	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Oscar Crumble</i>	Address <i>Lexington Mo.</i>
--	--	---------------------------------------	---------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Child swallowed an unknown caustic substance that destroyed a large portion of the gastric mucosa and caused a rupture of the stomach resulting in peritonitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8:30</i>
DUE TO (b) <i>peritonitis</i>		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <i>The substance swallowed has not been identified &amp; the source of the substance is unknown</i>	
20c. TIME OF INJURY Hour <i>054</i> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>Lexington</i>	COUNTY <i>Lafayette</i>	STATE <i>MO</i>
--	---	--	----------------------------	--------------------

21. I attended the deceased from Death occurred at <i>9:150 A</i> to <i>never</i> and last saw her/him alive on <i>never</i>
--

22a. SIGNATURE (Degree or title) <i>Dr. Martin M. Coronas</i>	22b. ADDRESS <i>Adessa Mo</i>	22c. DATE SIGNED <i>1-10-59</i>
--	----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>January 11, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>First One</i>	23d. LOCATION (City, town, or county) (State) <i>Lexington Missouri</i>
--	--------------------------------------	--	--

24. FUNERAL DIRECTOR <i>George A. Seely</i>	ADDRESS <i>Marshall Mo</i>	25. DATE RECD. BY LOCAL REG. <i>1-16-59</i>	26. REGISTRAR'S SIGNATURE <i>Walter E. Eckhardt</i>
--	-------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *George H. Green* .....

Licensed Embalmer No. *4220* .....

P. O. Address *Marshall, 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.