

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022332
STATE FILE NUMBER

REGISTRATION DISTRICT NO. 267 PRIMARY REGISTRATION DISTRICT NO. 3649 REGISTRAR'S NO. 83

ED JUN 22 1959

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Caruthersville</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hayti Hospital</u>		Length of stay in lb <u>6hrs</u>	d. STREET ADDRESS (If outside, give location) <u>1809 Ward Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Morrison Crysler</u>			4. DATE OF DEATH Month Day Year <u>June 5- 1959</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>June-9-1888</u>
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months Days Hours <u>11 26</u>	IF UNDER 24 HRS. Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Implement</u>	11. BIRTHPLACE (City and state or country) <u>Canada</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wm. H. Crysler</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Reed Clenech</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Crysler</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></u>	17. INFORMANT Address <u>Mary Jane Crysler Caruthersville</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>Cerebral vascular accident</u> DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u></u> 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute circulatory failure & pulmonary edema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u>
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.) <u></u>		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u></u>	
20d. INJURY OCCURRED WHILE AT WORK <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.) <u></u>	
20f. CITY, TOWN, OR LOCATION <u></u>		COUNTY STATE <u></u>	
21. I attended the deceased from <u>July 1958</u> to <u>June 5, 1959</u> and last saw him <u>live</u> on <u>June 5, 1959</u> Death occurred at <u></u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>William M. Crysler</u>		* (Degree or title) <u></u>	22b. ADDRESS <u>Caruthersville</u>
22c. DATE SIGNED <u>6/7/59</u>		22d. SIGNATURE <u></u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-6-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>
23d. LOCATION (City, town, or county) <u>Caruthersville, Mo.</u>		(Street) <u></u>	
24. FUNERAL DIRECTOR <u>LaForge Undertkg. Co. C'ville, Mo.</u>		ADDRESS <u></u>	25. DATE RECD. BY LOCAL REG. <u>6-10-59</u>
26. REGISTRAR'S SIGNATURE <u>Valeria Papham</u>		26. REGISTRAR'S SIGNATURE <u></u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

JUL 3 1953

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 *Yolc Sean*

Licensed Embalmer No. *3951*
P. O. Address *Caruthersville*

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.