

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032967

FILED VS SEP 28 1959

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 84

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Lincoln	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford	a. STATE Missouri	b. COUNTY Lincoln
Length of stay in lb 6 wks.		c. CITY OR TOWN Moscow Mills	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OR (If NOT in hospital, give location) HOSPITAL OR Lincoln County Memorial Hospital INSTITUTION		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First FANNIE	Middle ELIZABETH	Last Crumes	4. DATE OF DEATH	Month Sept.	Day 20	Year 1959
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5. SEX Female	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 31, 1875	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 10 Days 19 Hours Min. 	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and state or country) Moscow Mills MO.	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME Silas Blackwell	13b. MOTHER'S MAIDEN NAME Susan Ross	14. NAME OF HUSBAND OR WIFE Andrew Crumes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH 6 weeks
IMMEDIATE CAUSE (a) C.V.A.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension	
DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Apr 3 1953 to Sept 19-59 last saw her alive on Sept 19 1959 Death occurred at 3:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) N. F. Kelley D.O.	22b. ADDRESS Troy Mo.	22c. DATE SIGNED 9-22-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 23, 1959	23c. NAME OF CEMETERY OR CREMATORY Troy Cemetery	23d. LOCATION (City, town, or county) Troy MO.
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24. LOCAL DIRECTOR D. W. McCoy	ADDRESS Troy Mo	25. DATE RECD. BY LOCAL REG. 9-22-59	26. REGISTRAR'S SIGNATURE Charlotte Leek
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

D. D. McEoy

Licensed Embalmer No. 3586

P. O. Address Troy M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to conform 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.