

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59 0 4 3 8 2 5

FILED VS JAN - 4 1960/15-116

Registration District No. _____ Primary Registration District No. 3020 Registrar's No. 280

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY FRANKLIN	a. STATE MISSOURI		b. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON	Length of stay in 1b 2 HRS.	c. CITY OR TOWN SULLIVAN	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 313 WARREN	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First RALPH	Middle ROBERT	Last CRULL	4. DATE OF DEATH	Month DEC.	Day 25	Year 1959
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH FEB. 14, 1925	9. AGE (last birthday) 34	IF UNDER 1 YEAR Months 10	IF UNDER 24 HR Days 11	Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRODUCTION WORK	10b. KIND OF BUSINESS OR INDUSTRY AUTOMOTIVE	11. BIRTHPLACE (City and state or country) CATAWISSA, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME ARTHUR CRULL	13b. MOTHER'S MAIDEN NAME NELLIE SCHNEIDER	14. NAME OF HUSBAND OR WIFE IRENE LA VEAR
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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) YES WORLD WAR II	16. SOCIAL SECURITY NO. 487-20-5498	17. INFORMANT IRENE CRULL, SULLIVAN, MO.	Address SULLIVAN, MO.
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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
IMMEDIATE CAUSE (a)	Basilar fracture of skull with laceration of brain and intracranial hemorrhage	3 1/2 hr
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) Rupture of kidney, degenerative fibria	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 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.) Subject was driving vehicle
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20c. TIME OF INJURY 11:00 p.m.	Month, Day, Year 12/24/59	20d. INJURY OCCURRED WHILE AT WORK <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.) Highway 30 near St. Clair	20f. CITY, TOWN, OR LOCATION Franklin Mo.	COUNTY Franklin	STATE Mo.
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 3:15 a.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) W.D. Stinson, M.D. Coroner	22b. ADDRESS Union Mo.	22c. DATE SIGNED 12/25/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 27, 1959	23c. NAME OF CEMETERY OR CREMATORY LOCAL BAPTIST CH. CEM.	23d. LOCATION (City, town, or county) CEDAR HILL	(State) Mo.
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24. FUNERAL DIRECTOR H.M. EATON	ADDRESS SULLIVAN, MO.	25. DATE RECD. BY LOCAL REG. 12/28/59	26. REGISTRAR'S SIGNATURE J.P. Wideman
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 0

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 Harmon W. Eaton

Licensed Embalmer No. 5066

P. O. Address Sullivan, Ind

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.