

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000894

FILED VS FEB 2 1960 107

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 14

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kennett</b>		c. CITY OR TOWN <b>Kennett</b>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Presnell Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1105 Starnes</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Arthur</b> Middle <b>Mack</b> Last <b>Crim</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>21,</b> Year <b>1960</b>		
--	--	--	---	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-12-1896</b>	9. AGE (last birthday) <b>63</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>9</b>	IF UNDER 24 HR Hours <b>9</b> Min.
-----------------------	----------------------------------	---	--------------------------------------	-------------------------------------	--	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>grocery</b>	11. BIRTHPLACE (City and state or country) <b>Cloves Bin, Ark.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
--	---	---	---

13a. FATHER'S NAME <b>Thomas Jefferson Crim</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Flora Crim (deceased)</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWar One</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Miss Nellie Heath, Kennett, Mo.</b>
---	-------------------------	---

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) <b>Coronary heart disease</b>		
ARTERIAL SCLEROSIS	<b>Arterial sclerosis</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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
---	--

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.)
---	---	--

20c. TIME OF INJURY Hour <b>4:30</b> 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 <b>Kennett</b>	COUNTY <b>Missouri</b>	STATE
--	--	--	---------------------------	-------

21. I attended the deceased from **1-1-58** to **1-21-60** and last saw him alive on **12-15-59**  
Death occurred at **4:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>H.C. Wilson, M.D.</b>	(Degree or title)	22b. ADDRESS <b>Kennett, Mo.</b>	22c. DATE SIGNED <b>1/23/60</b>
--	-------------------	-------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-23-1969</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge</b>	23d. LOCATION (City, town, or county) (State) <b>Kennett Missouri</b>
--	-------------------------------	--	--

24. FUNERAL DIRECTOR <b>McDaniel Funeral Ser. Kennett, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Jan 26-1960</b>	26. REGISTRAR'S SIGNATURE <b>Carl J. Huston</b>
---	---------	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 9 1960

FEB 3 1960

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 Tommy R. Roberts

Licensed Embalmer No. 15886

P. O. Address Kennett, Pa.

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.