

DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-027534

FILED VS AUG 15 1960

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 105

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KENTUCKY</u> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BEDFORD TOWNSHIP</u>		Length of stay in lb <u>4 Hours</u>		c. CITY OR TOWN <u>LOUISVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LINCOLN CO. HOSP.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>SO. BAPTIST SEMINARY</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>ERIC</u> Middle <u>DALE</u> Last <u>CRENSHAW</u>				4. DATE OF DEATH Month <u>AUG.</u> Day <u>7</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>OCT. 6, 1958</u>		9. AGE (last birthday) <u>1</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>SALEM, INDIANA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>FLOYD D. CRENSHAW</u>				13b. MOTHER'S MAIDEN NAME <u>SHIRLEY RECTOR</u>				14. NAME OF HUSBAND OR WIFE					
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>NONE</u>		17. INFORMANT <u>FATHER</u>		Address <u>LOUISVILLE 6, KEN.</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>Medullary Failure</u>										INTERVAL BETWEEN ONSET AND DEATH <u>8-9 hrs</u> <u>12 hrs</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Overwhelming Toxemia</u>													
DUE TO (c) <u>Gangrene of Bowel due to Volvulus</u>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Due to Congenital Defect of Mesentery</u>								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 checked="" 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.)									
20c. TIME OF INJURY Hour 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				
21. I attended the deceased from <u>August 7, 1960</u> to <u>August 7, 1960</u> and last saw him alive on <u>August 7, 1960</u> Death occurred at <u>1:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Joseph P. Spear, DO</u>				22b. ADDRESS <u>Winfield, Mo</u>				22c. DATE SIGNED <u>8-8-60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>AUG. 10, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>STAR HOPE</u>				23d. LOCATION (City, town, or county) (State) <u>ELSBERRY, Mo.</u>					
24. FUNERAL DIRECTOR <u>O. C. Ricks</u>				ADDRESS <u>ELSBERRY, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8-8-1960</u>		26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE OF DEATH _____
PLACE OF DEATH _____
AGE _____
SEX _____
CAUSE OF DEATH _____
MANNER OF DEATH _____
LOCALITY _____
CITY _____
STATE _____
COUNTY _____

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 _____
[Handwritten Signature]

Licensed Embalmer No. 4017
P. O. Address Elsherry, A

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.