

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018493

AMENDED

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 163

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED MAY 20 1961

1. PLACE OF DEATH
 a. COUNTY Pettis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in 1b 15 hours
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Pettis
 c. CITY OR TOWN Sedalia Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 223 East Walnut Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First ALBERT Middle JAMES Last CRIMM
4. DATE OF DEATH Month May Day 19 Year 1961

5. SEX Male **6. COLOR OR RACE** White **7. Married** **Never Married** **Widowed** **Divorced**
8. DATE OF BIRTH May 19, 1961 **9. AGE (last birthday)** IF UNDER 1 YEAR Months 11 Days 14 IF UNDER 24 HR Hours 30 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ***** **10b. KIND OF BUSINESS OR INDUSTRY** ***** **11. BIRTHPLACE** (City and state or country) Sedalia, Missouri **12. CITIZEN OF WHAT COUNTRY** U.S.A.

13a. FATHER'S NAME Chester Eugene Crimm **13b. MOTHER'S MAIDEN NAME** Judith Ann Bass **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) ***** **16. SOCIAL SECURITY NO.** ***** **17. INFORMANT** Chester Crimm, Address 223 East Walnut, Sedalia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Extreme prematurity
 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) _____
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO **20a. ACCIDENT** **SUICIDE** **HOMICIDE** **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK** **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 May 19, 1961 7:33 AM to May 19, 1961 and last saw ^{her} him alive on May 19, 1961
 Death occurred at 10:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Albert J. Campbell M.D. (Degree or title) **22b. ADDRESS** 312 1/2 S. Ohio Sedalia Mo. **22c. DATE SIGNED** 5-22-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 5/20/61 **23c. NAME OF CEMETERY OR CREMATORY** Crown Hill Cemetery **23d. LOCATION (City, town, or county)** Sedalia, Missouri (State)

24. GENERAL DIRECTOR Thomas Ewing ADDRESS Sedalia, Mo. **25. DATE RECD. BY LOCAL REG.** May 23, 1961 **26. REGISTRAR'S SIGNATURE** Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

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 Rhane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia, Mo.

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.