# ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-037379

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 199

AMENDED

FILED OCT 18 1961

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CARTHAGE — Length of stay in 1b: 40 MIN.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: McCUNE BROOKS HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: JASPER
c. CITY OR TOWN: CARTHAGE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 313 W. VINE — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FRANK Middle WILLIAM Last CRIHFIELD
4. DATE OF DEATH: Month OCT. Day 11, Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/11/61
9. AGE (last birthday): 0 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min. 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BABY
10b. KIND OF BUSINESS OR INDUSTRY: BABY
11. BIRTHPLACE (City and state or country): CARTHAGE, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: ROBERT LEROY CRIHFIELD
13b. MOTHER'S MAIDEN NAME: DONNA JEAN ULRICH
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: R. L. CRIHFIELD, Address: CARTHAGE, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 40 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Undeveloped respiratory center-?
DUE TO (c): Mucous & meconium in air passages-?
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 10/11/61 to 10/11/61 and last saw him alive on 10/11/61
Death occurred at 10:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W Russell Smith M.D.
22b. ADDRESS: 211 E. CHESTNUT, CARTHAGE, MO.
22c. DATE SIGNED: 10/13/61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: OCT. 14, 61
23c. NAME OF CEMETERY OR CREMATORY: PARK CEMETERY
23d. LOCATION (City, town, or county) (State): CARTHAGE, MO.
24. FUNERAL DIRECTOR: THE ULMER FUNERAL HOME, ADDRESS: CARTHAGE, MO.
25. DATE RECD. BY LOCAL REG.: 10-13-61
26. REGISTRAR'S SIGNATURE: Ely Clinton

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | 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 me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Melvin Garrett

Signature of Student Embalmer

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, 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.