

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043417

STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 53

AMENDED

FILED DEC 4 1961

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MTN. GROVE</u>	Length of stay in 1b <u>16 yrs</u>	c. CITY OR TOWN <u>MTN. GROVE</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>805 LAKE ST</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>805 LAKE ST.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>LOMAN CRISP</u>			4. DATE OF DEATH Month Day Year <u>NOV. 21-1961</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-6-1916</u>	9. AGE (last birthday) <u>45</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OFFICER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OFFICER</u>	11. BIRTHPLACE (City and state of country) <u>MANES MO. U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>HENRY CRISP</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ROGERS</u>		14. NAME OF HUSBAND OR WIFE <u>RUTH 'WOOD' CRISP</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W. II</u>		16. SOCIAL SECURITY NO. <u>W.W. II</u>		17. INFORMANT Address <u>RUTH CRISP MTN. GROVE MO</u>

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) <u>Pneumonia Acute disease</u>		<u>102 days</u>
DUE TO (b) <u>Pneumonia</u>		<u>110 days</u>
DUE TO (c) <u>Arthritis</u>		<u>110 days</u>
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 Month, Day, Year a.m. p.m.	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 10-54-56 to 11-21-61 and last saw ^{her}him alive on 11-21-61
Death occurred at 930 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>L. W. Barber M.D.</u>		22b. ADDRESS <u>111 Bentin Lane S.W.</u>	22c. DATE SIGNED <u>11-29-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-25-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>EVENING SHADE</u>	23d. LOCATION (City, town, or county) (State) <u>WRIGHT CO. MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>BARBER MTN. GROVE</u>		25. DATE RECD. BY LOCAL REG. <u>11-29-61</u>	26. REGISTRAR'S SIGNATURE <u>Delmer L. Liberman</u>

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

DEC 6 1961

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 W. W. Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove

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.