

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040702

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 238 Primary Registration District No. #342 Registrar's No. 70

STATE FILE NUMBER

FILED OCT 17 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0700
2 0700
3
4 0
5 3
6
7 1
8 2
9 90BR
10 20
11 070
12 90-0
13 20

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 GVA Arteriosclerosis
 18ab Intra-cranial hemorrhage
 18c & 20b Falls on head - accident
 20c Fell striking head - at home
 20d Fell striking head - at home
 20e Fell striking head - at home
 20f Fell striking head - at home
 BY AFFIDAVIT OF attending physician

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) Jonesburg		Length of stay in 1b 5 yrs.	c. CITY OR TOWN Jonesburg Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) George Henry Crapson			4. DATE OF DEATH 10/3/63
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/4/63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 88
13a. FATHER'S NAME L.D. Crapson		13b. MOTHER'S MAIDEN NAME Martha Minton	11. BIRTHPLACE (City and state or country) Montgomery Kansas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No.		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular accident Head injury DUE TO (b) Arteriosclerosis DUE TO (c) Blows on left side and back of head		14. NAME OF HUSBAND OR WIFE Mrs. F Knox Jonesburg, Mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			17. INFORMANT Mrs. F Knox Jonesburg, Mo. Address
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) He fell, striking left side of head on cast-iron stove, and back of head on concrete floor.	
20c. TIME OF INJURY Hour 4:00 p.m. Month, Day, Year 10-1-63		20f. CITY, TOWN, OR LOCATION Jonesburg	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Wash House--at home	
20f. COUNTY Montgomery		STATE Missouri	
21. I attended the deceased from 6 SEPT 63 to 30 Oct 63 and last saw him alive on 30 Oct 63 Death occurred at 11 o'clock A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS JONESBURG, Mo.	
22c. DATE SIGNED 9 Oct 63			
23b. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		23c. NAME OF CEMETERY OR CREMATORY Walnut	
23d. DATE 10/5/63		23d. LOCATION (City, town, or county) Walnut Kansas	
24. FUNERAL DIRECTOR C.A. Harding Jonesburg, Mo.		25. DATE RECD. BY LOCAL REG. Oct-9-63	
		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE BLACK INK OR TYPEWRITER RIBBON

6961 24 JAN 1964

JAN 24 1964

4-11-64

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 Carl D. Harding

Licensed Embalmer No. 4115

P. O. Address Jonesburg 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.