

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7800

FILED MAR 18 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 5805

Registrar's No. 9

1. PLACE OF DEATH:

(a) County... MONROE  
(b) City or town... RURAL - JEFFERSON WY.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1 1/2 MI. E. OF GOSS  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution...  
1 1/2 YEARS (Specify whether  
in this community... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MO (b) County... MONROE 69  
(c) City or town... RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No... 1 1/2 MI. E. OF GOSS  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country... ✓

3. (a) PRINT FULL NAME MARIETTA ELIZABETH CRYSTAL

3. (b) If veteran, name war... ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife... THOS. CRYSTAL 6. (c) Age of husband or wife if alive... 7 years

7. Birth date of deceased... JAN 7, 1879  
(Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 16 If less than one day hr. min.

9. Birthplace CHERRY DELL, SHELBY Co., MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name GEO. THOS. SETTLE  
13. Birthplace SHELBY Co., MO. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name LEORA PERROTT  
15. Birthplace MO. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Olive C. Webber

(b) Address R.F.D. 2, STOUTSVILLE, MO.

17. (a) BURIAL (b) Date thereof 2-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed - Blaney  
(b) Address PARIS, MO.

19. (a) 2-24-44 (b) Maryann Carter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 23  
year 1944 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from  
January 6, 1943 to Feb. 23, 1944  
that I last saw her alive on December 18, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy & paralysis of rt. side Duration 6 wks.  
Due to Diabetes mellitus  
Due to chronic nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur... (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury MO

23. Signature J.A. Barnett (M. D. or other?) MD  
Address Paris, Mo. Date signed 2-25-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

69  
00

RECEIVED

District Health Officer No. 10

District File Number 3-44-571

Date Filed MAR 10 1944

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*A. B. Blakely*

Licensed Embalmer No. 2616

P. O. Address PARIS, 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 this body is not embalmed, fact should be so stated above.