

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED DEC 8 1948
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla. (b) County Ottawa 999
(c) City or town Miami (If outside city or town limits, write "RURAL") 34
(d) Street No. 414 H St. S. E. (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 2
If yes, name country _____

3: (a) PRINT FULL NAME Rodney Louis Crutsinger

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 10, 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 15 hr. _____ min.

9. Birthplace Afton Okla.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business None

12. Name George Lewis Crutsinger

13. Birthplace Centralia, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Evelene Pfifer

15. Birthplace Grove, Okla.
(City, town, or county) (State or foreign country)

16. (a) Informant George Lewis Crutsinger

(b) Address Miami, Okla.

17. (a) Removal (b) Date thereof 11-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairland, Okla.

18. (a) Signature of funeral director Kenneth Black
(b) Address Miami Okla.

19. (a) 11-30-48 (b) Edd James
(Date received local registrar's certificate) (City or town) (State)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 23, 1948 to Nov 25, 1948; that I last saw him alive on Nov 25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
Due to Pneumo Pneumonia

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 107
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)
Means of injury 2
23. Signature L. J. Gambel _____
Address Miami Okla. _____ Date signed 11-26-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

49
2
5

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.....

Licensed Embalmer No.....

P. O. Address.....

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.