

FILED OCT 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29780

BIRTH NO. _____		REG. DIST. NO. 101		PRIMARY REG. DIST. NO. 4173		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. Missouri b. COUNTY Douglas			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Malissa J.		b. (Middle) Crisp		c. (Last)	
4. DATE OF DEATH		(Month) 9		(Day) 21		(Year) 49	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9-16-79	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Wild Cherry, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Blaine Shelton		13b. MOTHER'S MAIDEN NAME Alice Ferrell		14. NAME OF HUSBAND OR WIFE Wm. Clint Crisp			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Raymond J. Crisp			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES		DUE TO (b) Heart failure			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 10, 1949, to Sept 21, 1949, that I last saw the deceased alive on Sept 21, 1949, and that death occurred at 5:35 P. M., from the causes and on the date stated above.							
23a. SIGNATURE Dr. R. L. Shelton		(Degree or title)		23b. ADDRESS Ava, Mo.		23c. DATE SIGNED 9-27-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-23-49		24c. NAME OF CEMETERY OR CREMATORY Ava		24d. LOCATION (City, town, or county) (State) Ava, Missouri	
DATE REC'D BY LOCAL REG. 9-29-49		REGISTRAR'S SIGNATURE Vesta Bushman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Funeral Home, Ava, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 4 1949

District Health Office No. 6,

District File Number 1049-1077

Date Filed 10-10-49

OCT 19 1949

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 _____

(11)

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.