

S. No. 300
EV. 10.48

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8178

0330

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

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5391 Registrar's No. 16

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Dent | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Dent | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Texas Twp | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Texas Twp | |
| c. LENGTH OF STAY (in this place) 3 yr. | | d. STREET ADDRESS (If rural, give location) Home 16 miles W. of Salem | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home | | | |
| 3. NAME OF DECEASED a. (First) John Crisley (Type or Print) | | b. (Middle) PLANK c. (Last) | |
| 4. DATE OF DEATH March 7 1950 (Month) (Day) (Year) | | | |
| 5. SEX M. O | 6. COLOR OR RACE W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH Dec. 16, 1888 |
| 9. AGE (in years last birthday) 61 | IF UNDER 1 YEAR Months | IF UNDER 1 HRS. Hours | Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (State or foreign country) Dent County, Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME John R. Plank | 13b. MOTHER'S MAIDEN NAME Leveni Kuster | 14. NAME OF HUSBAND OR WIFE none | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I | 16. SOCIAL SECURITY NO. 496-28-0558 | 17. INFORMANT'S SIGNATURE OR NAME Ed. Plank R.R. Salem Mo. ADDRESS | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 196 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ✓ DUE TO (c) ✓ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dr. W. L. Dellon M.D. August | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Self inflicted Wound - 12 Ga. Shot Gun | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE (Specify) Shot Gun | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Texas Township, Dent, Mo. | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6a.m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Self inflicted Wound, 12 Ga. Shot Gun | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE C. L. Crautham (Degree or title) Coroner | | 23b. ADDRESS Salem, Mo. | 23c. DATE SIGNED 3-7-50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE March 11, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Neerman | 24d. LOCATION (City, town, or county) (State) Dent County, Mo. |
| DATE REC'D BY LOCAL REG. 3-9-50 | REGISTRAR'S SIGNATURE M. M. Hart | 83 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hobart Crautham Salem, Mo. |

RECEIVED 3-13-50
District Health Officer No. 8,
District File Number 3-50-171
3-17-50

APR 11 1950

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
Student Embalmer

Signed Marshall E. Blackwell

Licensed Embalmer No. 4713

P. O. Address Salem, 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.