

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13922

State File No.

BIRTH MO.		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>5874</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho R. #2</u>		c. LENGTH OF STAY (in this place) <u>All Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		<u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Neosho, R#2</u>				d. STREET ADDRESS (If rural, give location) <u>Route # 2.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>RALPH</u>		b. (Middle) <u>RADY</u>		c. (Last) <u>CRUMBLISS</u>	
4. DATE OF DEATH		(Month) <u>APRIL</u>		(Day) <u>20</u>		(Year) <u>1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Dec 18, 18-87</u>	
9. AGE (In years last birthday) <u>62</u>		10. UNDER 1 YEAR <u>4</u>		11. UNDER 1 MONTH <u>2</u>		12. UNDER 1 HOUR <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>Neosho, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS J. CRUMBLISS</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen RADY</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Richard E. Crumbliss</u>		ADDRESS <u>Neosho</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES Morbidity 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. 4201				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-27</u> , 19 <u>50</u> , to <u>4-20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-20</u> , 19 <u>50</u> and that death occurred at <u>9:10 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul C. Davis</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Neosho, Mo.</u>		23c. DATE SIGNED <u>4/27/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-24-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK Wood</u>		24d. LOCATION (City, town, or county) (State) <u>7 mi SE Neosho, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr 27, 1950</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bonham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK RICHMOND</u>		ADDRESS <u>Neosho, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number 550-101

Date Filed MAY 3 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.....

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.