

FILED AUG 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24266

State File No.

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5932 Registrar's No. 250

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN Sedalia (Rural)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Lake Tebo

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission).
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia
d. STREET ADDRESS (If rural, give location) 112 E. 6th st.

3. NAME OF DECEASED (Type or Print)
a. (First) Lord b. (Middle) Cicil c. (Last) CRIPPEN

4. DATE OF DEATH (Month) (Day) (Year)
July 27 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Nov-14-1893

9. AGE (In years last birthday) 56

IF UNDER 1 YEAR Months 8 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY cleaning & pressing

11. BIRTHPLACE (State or foreign country) Labetta Kansas

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Lee Crispin

13b. MOTHER'S MAIDEN NAME Hattie Ashby

14. NAME OF HUSBAND OR WIFE Bertha

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 ADDRESS Mrs. Bertha Crispin Sedalia

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) Coronary embolism
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis
DUE TO (c) Atherosclerotic changes
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerotic changes

INTERVAL BETWEEN ONSET AND DEATH
4201

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)

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 As Coroner, 19, that I last saw the deceased alive on 19, and that death occurred at 3:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas Gordon Staupache MD

23b. ADDRESS Coroner, Pettis Co

23c. DATE SIGNED 7-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7-29-50

24c. NAME OF CEMETERY OR CREMATORY Calvary

24d. LOCATION (City, town, or county) (State) Sedalia Mo

DATE REC'D BY LOCAL REG. 7-29-50

REGISTRAR'S SIGNATURE A. J. Campbell MD

25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Chas Gordon Staupache MD Sedalia

(Licensed Signatures' Statement on Reverse Side)

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

RECEIVED 7-31-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed _____ 7-31-50

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. 3153

P. O. Address Sedalia 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.