

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. 14

800

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>  |   | d. STREET ADDRESS (If rural, give location) <u>504 West Olive</u>  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>GEORGE</u> b. (Middle) <u>GARFIELD</u> c. (Last) <u>CRIPPEN</u>  |   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4, 1951</u>                        |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  | 8. DATE OF BIRTH <u>July 30, 1881</u>  |
| 9. AGE (In years last birthday) <u>69</u> <del>70</del>   |   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired poultryman</u>                       | 11. BIRTHPLACE (State or foreign country) <u>Licking, Missouri</u>               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired poultryman</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Poultry</u>   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |
| 13a. FATHER'S NAME <u>Nicholas Crippen</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth A. Johnson</u>  | 14. NAME OF HUSBAND OR WIFE <u>Lura Crippen</u>                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  | 16. SOCIAL SECURITY NO. <u>500-10-1515</u>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Betty Crippen, Springfield, Mo</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                         | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hobart pneumonia</u>  |  | INTERVAL BETWEEN ONSET AND DEATH <u>7</u>  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                           |  | <u>490X</u>  |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.  | 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 <u>12/31, 1950</u> , to <u>1/6, 1951</u> , that I last saw the deceased alive on <u>1/6, 1951</u> , and that death occurred at <u>9:15p m.</u> , from the causes and on the date stated above. |   |  |  |
| 23a. SIGNATURE <u>Edward Marcus M. D.</u> (Degree or title)   |   | 23b. ADDRESS <u>Springfield, Missouri 623 Woodruff Bldg</u>  | 23c. DATE SIGNED <u>1/6/51</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 24b. DATE <u>-1-6-51</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Cemetery</u>   | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>       |
| DATE REC'D BY LOCAL REG. <u>1-9-51</u>  | REGISTRAR'S SIGNATURE <u>W.S. Handley</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ayre-Goodwin Funeral Service, Springfield, Mo</u>  |  |

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

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Julian Goodwin*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4562

P. O. Address Spencer, 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.