

FILED MAR 5 1951
0050

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3720

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5044 Registrar's No. 9

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Barry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washburn | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washburn | |
| c. LENGTH OF STAY (In this place) | | 0050 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |

| | | | | |
|-------------------------------------|------------------------|-------------|-----------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) John | b. (Middle) | c. (Last) Crim | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | 2-14-1951 |

| | | | | | | | |
|--------------------|-------------------------------|--|-----------------------------------|---|------------------------|-----------------------|------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) never married | 8. DATE OF BIRTH 4-27-1877 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours | Mln. |
|--------------------|-------------------------------|--|-----------------------------------|---|------------------------|-----------------------|------|

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|---|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
|---|-----------------------------------|---|---|

| | | |
|--------------------------------------|---|-----------------------------|
| 13a. FATHER'S NAME W. B. Crim | 13b. MOTHER'S MAIDEN NAME Eliza Brisco | 14. NAME OF HUSBAND OR WIFE |
|--------------------------------------|---|-----------------------------|

| | | | |
|---|-------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Mat Brewer-Washburn, Missouri | ADDRESS |
|---|-------------------------|--|---------|

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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 5 years |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension | | |
| DUE TO (c) | | 10 ✓ | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 443X | |

| | | |
|------------------------|----------------------------------|---|
| 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) 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 **Apr. 4, 1947**, to **Feb. 13, 1951**, that I last saw the deceased alive on **Feb. 13, 1951**, and that death occurred at **4 P. m.**, from the causes and on the date stated above.

| | | |
|--|------------------------------------|---------------------------------|
| 23a. SIGNATURE Ed McDavid, M.D. (Degree or title) | 23b. ADDRESS Cassville, Mo. | 23c. DATE SIGNED 2-20-51 |
|--|------------------------------------|---------------------------------|

| | | | |
|---|----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2-18-1951 | 24c. NAME OF CEMETERY OR CREMATORY Hickman Cemetery | 24d. LOCATION (City, town, or county) (State) Washburn, Missouri |
|---|----------------------------|--|---|

| | | | | |
|---|---|----|---|-----------------------------|
| DATE REC'D BY LOCAL REG. Feb 21-1951 | REGISTRAR'S SIGNATURE Grace Williams | 10 | 25. FUNERAL DIRECTOR'S SIGNATURE Wm D Williams | ADDRESS Cassville Mo |
|---|---|----|---|-----------------------------|

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED FEB 26 1957

Dist. File 251-424

Date Filed 2-27-51

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 John R. Williams.....

Licensed Embalmer No. 4651.....

P. O. Address Cassville 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.