

FILED FEB 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 7347

1110
1

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

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6258 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Silva</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Silva</u>	
c. LENGTH OF STAY (in this place) <u>10 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>1110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MIANNIE</u>		b. (Middle) _____	
c. (Last) <u>CRUTCHFIELD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 19 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>FEB. 10 1889</u>
9. AGE (In years last birthday) <u>62</u>		10. MONTHS <u>0</u>	11. DAYS <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (State or foreign country) <u>WAYNE CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>TOM HOWELL</u>		13b. MOTHER'S MAIDEN NAME <u>MARY LOUG</u>	
14. NAME OF HUSBAND OR WIFE <u>F.B. CRUTCHFIELD</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. —		17. INFORMANT'S SIGNATURE OR NAME <u>F.B. Crutchfield</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, asthma, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <u>Silva, Mo</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Yrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		156A	
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)		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>July 1, 1950</u> , to <u>Feb 19, 1951</u> , that I last saw the deceased alive on <u>Feb 18, 1951</u> , and that death occurred at <u>5:40 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Adam F. Wagner, M.D.</u>		23b. ADDRESS <u>Greenville Mo</u>	
23c. DATE SIGNED <u>2-21-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>Feb. 20, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenville Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Greenville Mo</u>		25. POWER OF DIRECTOR'S SIGNATURE <u>G. S. Marshall</u>	
DATE REC'D BY LOCAL REG. <u>Feb 21 1951</u>		REGISTRAR'S SIGNATURE <u>Mabel Beasley</u>	
25. ADDRESS <u>Greenville Mo</u>		25. ADDRESS	

RECEIVED

FEB 21 1951

WAYNE CO. HEALTH CENTER

FILE No. 251-11

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 _____

me
.....
working under my personal supervision.

Student Embalmer No.....

Signed *Gris S. Marshall*

Signed.....
Student Embalmer

Licensed Embalmer No. *4601*

P. O. Address *Quemille, 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.