

No. 300
10-48

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12225

State File No.

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **392**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Mo. b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1419 E. Kearney	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital			
3. NAME OF DECEASED (First) Reverdy (Middle) M. (Last) Crumly		4. DATE OF DEATH (Month) (Day) (Year) May 2 1951	
5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 8, 1873
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mts. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Aaron Crumly		13b. MOTHER'S MAIDEN NAME Sarah Jane Patton	
14. NAME OF HUSBAND OR WIFE Settie E. Crumly			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or date of service)		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Settie E. Crumly		ADDRESS _____	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Arteriosclerotic Heart Disease ANTECEDENT CAUSES DUE TO (a) Arteriosclerosis, Generalized DUE TO (b) Senility DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Acute Gangrenous Hemorrhoids, 2 wks	
19a. DATE OF OPERATION 4-18-51		19b. MAJOR FINDINGS OF OPERATION acute gangrene of 2 groups of hemorrhoids	
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) 4200			
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 4-16 , 19 51 , to 5-2 , 19 51 , that I last saw the deceased alive on 5-1 , 19 51 , and that death occurred at 6:30 A.M., from the causes and on the day stated above.			
23a. SIGNATURE (Degree or title) Fred R. Farthing M.D.		23b. ADDRESS med Arts Bldg Springfield, Mo	
23c. DATE SIGNED 5-2-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/6/51	
24c. NAME OF CEMETERY OR CREMATOR Cemetary		24d. LOCATION (City, town, or county) (State) Monett Mo.	
DATE REC'D BY LOCAL REG. 5-2-51		REGISTRAR'S SIGNATURE W.E. Handley M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE J.D. Buchanan		ADDRESS Monett Mo.	

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

396
0

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 *G. D. Buchanan* _____

Licensed Embalmer No. 3179 _____

P. O. Address *Mount Me* _____

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.