

16.300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

723

State File No.

FILED JAN 29 1952

BIRTH NO. 1-21-52 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenfield</u>	c. LENGTH OF STAY (In this place) <u>7 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenfield</u> <u>0290</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 Toney St.</u>		d. STREET ADDRESS (If rural, give location) <u>307 Toney St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Ann</u> c. (Last) <u>Crisp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 19, 1858</u>		9. AGE (In years last birthday) <u>93</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 <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Dade Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Joseph A. Scoggin</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Ellen Owings</u>	14. NAME OF HUSBAND OR WIFE <u>Mattison Crisp</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Della Crisp; 307 Toney St. Greenfield, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>	ANTECEDENT CAUSES		<u>1 year</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS	<u>Broncho pneumonia</u>		<u>2 hrs</u>
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4.200.</u>	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) (Min)	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 1-5, 1952, to 1-12, 1952, that I last saw the deceased alive on 1-12, 1952, and that death occurred at 8:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lee G. McNeel M.D.</u>	23b. ADDRESS <u>Greenfield, Mo.</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 15, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crisp Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Crisp, Missouri</u>

DATE REC'D BY LOCAL REG. <u>1-21-52</u>	REGISTRAR'S SIGNATURE <u>Geo. L. Weir</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. C. Canada, Greenfield, Mo.</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

290
1

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

J. C. Canada

Signed.....
Student Embalmer

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, 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.