

FILED MAY 26 1952

STANDARD CERTIFICATE OF DEATH

State File No. 17309

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE SHELBY	
b. CITY (If outside corporate limits, write RURAL and give town) PARIS	c. LENGTH OF STAY (in this place) 6 WKS.	c. CITY (If outside corporate limits, write RURAL and give township) SHELBYNA	10 1/2 mi.
d. FULL NAME OF HOSPITAL OR INSTITUTION HONELL REST HOME		d. STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED a. (First) BETTIE		b. (Middle) ANN	
c. (Last) CRUTCHER		4. DATE OF DEATH (Month) (Day) (Year) MAY 23, 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 23, 1863
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months 11 Days —	
IF UNDER 24 HRS. Hours — Min. —		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME JESSE LEWIS	
13b. MOTHER'S MAIDEN NAME SUSAN M. WITHERS		14. NAME OF HUSBAND OR WIFE CHARLES M. CRUTCHER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME MRS. JOHN TOWLES, PARIS, MO		ADDRESS PARIS, MO	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured left hip	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN DEATH AND DEATH Today	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9020 21			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 102	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In her home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Shelbyna Shelby MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) March 11 1952 3:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Started to lean down, almost missed chair & fell breaking l. hip.	
22. I hereby certify that I attended the deceased from April 22, 1952 to May 23, 1952 , that I last saw the deceased alive on May 22, 1952 , and that death occurred at 10:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE J. A. Barnett M.D.		23b. ADDRESS PARIS, MO.	
23c. DATE SIGNED 5-23-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-25-52	24c. NAME OF CEMETERY OR CREMATORY WARRANT GROVE	24d. LOCATION (City, town, or county) (State) PARIS, MO.
DATE REC'D BY LOCAL REG. 5-23-52	REGISTRAR'S SIGNATURE J. A. Barnett M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Speed Blakey	ADDRESS PARIS, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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

0691
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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

E. H. Adams

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.