

STANDARD CERTIFICATE OF DEATH

21562

State File No.

FILED JUL 8 1952

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 3052 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond		c. CITY (If outside corporate limits, write RURAL and give township) Richmond	
c. LENGTH OF STAY (In this place) 3 months		d. STREET ADDRESS (If rural, give location) 458 North College	
d. FULL NAME OF HOSPITAL OR INSTITUTION 458 North College			

3. NAME OF DECEASED (Type or Print) a. (First) Silas	b. (Middle) Robert	c. (Last) Crispin	4. DATE OF DEATH (Month) (Day) (Year) June 27, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH September 21, 1906	9. AGE (In years) (Month) (Day) (Year) 45 9 6	IF UNDER 1 YEAR Hours	IF UNDER 2 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Clerk	10b. KIND OF BUSINESS OR INDUSTRY Hotel work	11. BIRTHPLACE (State or foreign country) Richmond, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Silas Robert Crispin	13b. MOTHER'S MAIDEN NAME Callie Sheetz	14. NAME OF HUSBAND OR WIFE None
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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 ADDRESS Mrs. S.R. Crispin, Richmond, Mo.
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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) Carcinoma Lung	ANTECEDENT CAUSES		1 yr
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from June 20, 1952 to June 27, 1952 that I last saw the deceased alive June 27, 1952 and that death occurred at 4:00 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. R. Crispin M.D.	23b. ADDRESS Richmond, Mo. 63117-1-52	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 29, 1952	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Richmond, Missouri
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DATE REC'D BY LOCAL REG. July 2 - 1952	REGISTRAR'S SIGNATURE Malcolm Jackson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Quest Life Funeral Home, Richmond, Missouri
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

100-2-1-706

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 _____

Joseph M. White

Licensed Embalmer No. 4066

P. O. Address *Richmond, Va*

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.