

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5832

1036

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1036</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson City</u>		c. LENGTH OF STAY (in this place) <u>1 yr</u>		c. CITY OR TOWN <u>Jackson City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>2502 Highland</u>				e. STREET ADDRESS (If rural, give location) <u>2502 2503 Highland</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Howard</u> b. (Middle) <u>Allen</u> c. (Last) <u>Crutchfield</u>				4. DATE OF DEATH (Month) <u>2</u> (Day) <u>17</u> (Year) <u>53</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>July 13, 1915</u>	
9. AGE (In years last birthday) <u>38</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>taxi driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Consolidated Cab Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Silvester Crutchfield</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Thompson</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>Yes</u> <u>World War II</u>		16. SOCIAL SECURITY NO. <u>494-12-727</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Crutchfield</u>		ADDRESS <u>Marshall, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Aneurysm</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>poisoning</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>poisoning of stomach</u>				INTERVAL BETWEEN ONSET AND DEATH <u>897/18</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, OR SELF-DEATH (Specify) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>2502 Highland</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson Mo.</u>			
21d. TIME OF INJURY (Month) (Year) (Year) (Hour) <u>2/16/53 9 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Drunk/Carbolic Acid</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Thos. A. Jones</u>				23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>2/18/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-21-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-18-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Green</u>		ADDRESS <u>Marshall, Mo.</u>	

(Licensed Embalmer's Statement (on Reverse Side))

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

City of 10.
11/10/11

MAR 13 1953

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.....
Signature of Student Embalmer

Signed *J. J. Manlove*.....

Licensed Embalmer No. *399*.....

P. O. Address *2503 74th*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.