

FILED FEB 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6772**

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **2040** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) Chillicothe	
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location) 308 Wise St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Rose		b. (Middle)	
c. (Last) Crimmons		4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1953	
5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 15, 1868
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Ireland
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Martin O'Malley	
13b. MOTHER'S MAIDEN NAME Mary Brown		14. NAME OF HUSBAND OR WIFE Patrick Crimmons	
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. xx	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ed Seidel, Chillicothe, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Terminal Bronchial ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cyst an Kidney Removed DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 491X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)			
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?			
22. I hereby certify that I attended the deceased from Jan 1, 1947 , to Feb. 13, 1953 , that I last saw the deceased alive on Feb. 13, 1953 , and that death occurred at 5 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Joseph P. Conrad M.D.		23b. ADDRESS Chillicothe, Mo	
23c. DATE SIGNED Feb. 14, 1953			
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 16, 1953	
24c. NAME OF CEMETERY OR CREMATORY St. Columban		24d. LOCATION (City, town, or county) (State) Chillicothe, Mo.	
DATE REC'D BY LOCAL REG. 2-14-53		REGISTRAR'S SIGNATURE Frances B. Neal	
25. FUNERAL DIRECTOR'S SIGNATURE Donald Jordan		ADDRESS Chillicothe, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Correct

05920

0593

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 *Ronald Gordon*

Licensed Embalmer No. 4191

P. O. Address Phillips, 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.