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FILED JUN 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17977
2538

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 309 Garfield, CONV. HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Platte 0850
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weston 1
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Richard
b. (Middle)
c. (Last) Crutchfield

4. DATE OF DEATH (Month) (Day) (Year) 5-13-53

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 16, 1868

9. AGE (In years last birthday) 85 — If under 1 year: Months, Days; If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (City and State or Foreign Country) Platte Co, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A;

13a. FATHER'S NAME George Crutchfield

13b. MOTHER'S MAIDEN NAME Elizabeth Pope

14. NAME OF HUSBAND OR WIFE Stella ~~Farra~~ FARRA Crutchfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Records — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 20 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — 332X

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 ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/1, 1951, *to* 5/13, 1953, *that I last saw the deceased alive on* 5/9, 1953 *and that death occurred at* 3:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE Florence E. Mac Innis (Degree or title) MD — Florence E. McInnis M.D.

23b. ADDRESS 1103 Grand, Kansas City, Mo.

23c. DATE SIGNED 5/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-15-53

24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cem

24d. LOCATION (City, town, or county) Weston, Mo. (State)

DATE REC'D BY LOCAL REG. 5-18-53

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE VAUGHN FUNERAL HOME — ADDRESS WESTON, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.