

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30788

State File No.

FILED AUG 24 1953

BIRTH NO. 58052 REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Castor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bloomfield, Mo. 0</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bloomfield, Mo. R#1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Calvin</u> b. (Middle) <u>Lee</u> c. (Last) <u>Crenshaw</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 7 1953</u>		
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Aug. 7, 1953</u>	9. AGE (In years last birthday)	10. CITIZENSHIP (Specify) <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomfield, Mo. R#1 0</u>	

13a. FATHER'S NAME <u>Eugene Crenshaw</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Lee Potter</u>		14. NAME OF HUSBAND OR WIFE -----	
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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)		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eugene Crenshaw Bloomfield, Mo. R#1</u>	
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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		INTERVAL BETWEEN ONSET AND DEATH <u>40M-</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Births</u>		
	ANTECEDENT CAUSES Morbid 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 <u>776x</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 8-7-1953 to 8-7-1953, that I last saw the deceased alive on 8-7-1953, and that death occurred at 9:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S.S. Davis, M.D.</u>	23b. ADDRESS <u>Bloomfield, Mo.</u>	23c. DATE SIGNED <u>8-13-53</u>
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24a. BURIAL, CREMATION, RENEGAL (Specify) <u>Burial</u>	24b. DATE <u>8-8-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lick Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bloomfield, Stoddard Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug. 17-1953</u>	REGISTRAR'S SIGNATURE <u>Rose Wehler</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chiles Und. Co. Bloomfield, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

30
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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.....

Child was not embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.