

FILED JAN 25 1954

STANDARD CERTIFICATE OF DEATH

State File No. 28

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY Greene Burge Hospital2. USUAL RESIDENCE, (Where deceased lived. If institution, residence before admission).
a. STATE Missouri b. COUNTY Stoneb. CITY (If outside corporate limits, write RURAL and give township) Springfield c. LENGTH OF STAY (In this place) 4 days
c. CITY OR TOWN Marionville d. Is Residence within limits of a city or incorporated town? Yes No d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital e. STREET ADDRESS (If rural, give location) Rt. # 1 10403. NAME OF DECEASED
a. (First) Alfred b. (Middle) Herwood c. (Last) Crumpley 4. DATE OF DEATH (Month) (Day) (Year) Jan 21 19545. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH Oct 15 1880 9. AGE (In years last birthday) 73 3 Months 3 4 Days 4 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 11. BIRTHPLACE (City and State or Foreign Country) Marionville, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.13a. FATHER'S NAME John Wesley Crumpley 13b. MOTHER'S MAIDEN NAME Mary Ellen Steale 14. NAME OF HUSBAND OR WIFE Mary Elizabeth Crumpley deceased15. 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 Mrs. Mary E. Remmons ADDRESS 675 S. High18. 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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial Emboli - Rt. leg + Cerebrum INTERVAL BETWEEN ONSET AND DEATH 7 days
ANTECEDENT CAUSES
DUE TO (b) Generalized Arteriosclerosis years
DUE TO (c) Arteriosclerotic Heart Disease "
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis ?(months)19a. DATE OF OPERATION 1-19-54 19b. MAJOR FINDINGS OF OPERATION Arterial Embolus in Rt. Popliteal artery 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) _____ 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 November 24, 1953, to 1-21-, 1954, that I last saw the deceased alive on 1-21-, 1954, and that death occurred at 10:45 a.m., from the causes and on the date stated above.23a. SIGNATURE (Degree or title) Harold H. Lurie, M.D. 23b. ADDRESS 404 Professional Bldg - Springfield 23c. DATE SIGNED 1-21-5424a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan. 23 1954 24c. NAME OF CEMETERY OR CREMATORY Old Fellows Cem. 24d. LOCATION (City, town, or county) (State) Marionville, Mo.DATE REC'D BY LOCAL REG. 1-21-54 REGISTRAR'S SIGNATURE Earl Williamson 25. FUNERAL DIRECTOR'S SIGNATURE J. B. Herridge ADDRESS Marionville, 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.....
Signature of Student Embalmer

Signed.....
Herman Lucida

Licensed Embalmer No. 302

P. O. Address Marion

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.