

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **8126**  
Registrar's No. **5**

BIRTH NO. **1027** **MAR 24 1953** REG. DIST. NO. **87** PRIMARY REG. DIST. NO. **5324**

1. PLACE OF DEATH a. COUNTY <b>CRAWFORD</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MISSOURI</b> b. COUNTY <b>CRAWFORD</b>	
b. CITY OR TOWN <b>BOURBON R.R. AT 45 YRS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BOURBON, MO. "RURAL"</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>		<b>R.F.D. #2 0280</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARTIN</b> b. (Middle) <b>-</b> c. (Last) <b>CRIMMINS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 22 54</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>Nov. 1, 1887</b>			9. AGE (If years) (Month) (Day) (Year) <b>70 4-27</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>
11. BIRTHPLACE (State or foreign country) <b>BOURBON, MO.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>

13a. FATHER'S NAME <b>MARTIN CRIMMINS</b>		13b. MOTHER'S MAIDEN NAME <b>BRIDGET BAGLEY</b>		14. NAME OF HUSBAND OR WIFE <b>MARY EOFF</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-03-2075</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. MARY CRIMMINS</b> ADDRESS <b>BOURBON, MO.</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 yrs.</b>	
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 **October, 1953**, to **Mar. 22, 1954**, that I last saw the deceased alive on **Mar. 22, 1954**, and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert C. Crawford M.D.</b>		23b. ADDRESS <b>Sullivan Mo.</b>		23c. DATE SIGNED <b>Mar. 23-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3/24/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. ANTHONY CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>SULLIVAN, MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>M. Eaton</b>		ADDRESS <b>Sullivan Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>3-23-54</b>		75-0			

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

No. 300  
10. 48

0280

**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 *J. A. Humphrey*

Licensed Embalmer No. *4772*

P. O. Address *Sullivan, 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.