

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13035

State File No. ....

FILED APR 27 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6030 Registrar's No. 5

0.900

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

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Reynolds</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren R. 3</u>		c. LENGTH OF STAY (in days) <u>all life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren R. 3</u>		d. STREET ADDRESS (If rural, give location) <u>own home</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>own home</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Millie</u> b. (Middle) <u>Dee</u> c. (Last) <u>Crunckleton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 14 1954</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 5 1886</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>67 8 9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James Green</u>		13b. MOTHER'S MAIDEN NAME <u>Millie Lowery</u>		14. NAME OF HUSBAND, OR WIFE <u>James R Crunckleton</u>	
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James R. Crunckleton</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, asthenia, etc.: It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Arterial Hypertension</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> <u>2 yrs?</u> <u>4 yrs</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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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?	
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22. I hereby certify that I attended the deceased from near 7, 1946, to April 14, 1954, that I last saw the deceased alive on Mar 29, 1954, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank J. Rusinski, D.O.</u>		23b. ADDRESS <u>Van Buren, Mo.</u>	23c. DATE SIGNED <u>4-17-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Apr 16, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Reynolds Co Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/21-54</u>	REGISTRAR'S SIGNATURE <u>Essie Evans</u>	276	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Seaton Hewitt Van Buren, Mo.</u>
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Received 4-23-54  
Reynolds County Health Ce  
File No. 454 - 30

**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

*Seaton Pruitt*

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.