

FILED AUG 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26132

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3900</u>		Registrar's No. <u>231</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>8 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mercer</u> <u>2650</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirksville Osteo. Hosp</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mathew</u> b. (Middle) <u>Hatch</u> c. (Last) <u>Cribb</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 19, 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. (MARRIED) NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Dec. 20, 1868</u>	
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tanner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (State or foreign country) <u>Dubuque Co. Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Zeke Cribb</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Mae (Adams) (Cribb) (D)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If rec. give war or dates of service) <u>N.P.N.R.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernest Cribb, Lenoire La. Pt. 1</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure and pneumonia</u> <u>terminal</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>transition of old age</u> <u>2 weeks</u> DUE TO (c) <u>arteriosclerosis</u> <u>unknown</u> 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 checked="" type="checkbox"/> NO <input 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) <u>1500</u>		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 <u>Aug 12, 1954</u> to <u>Aug 19, 1954</u> , that I last saw the deceased alive on <u>Aug 19, 1954</u> , and that death occurred at <u>3:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. Lutimeshu</u> (Degree or title) _____				23b. ADDRESS <u>Kirksville Mo</u>		23c. DATE SIGNED <u>8-19-54</u>	
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Memorial</u>		24b. DATE <u>Aug 19, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wilder Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mercer Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-19-54</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u> <u>1-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Greenleaf Funeral Home, Lenoire La. Pt. 1</u>			

(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.....

*Robert B. Davis*

Licensed Embalmer No. *4219*

P. O. Address *Kirksville, Md.*

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.