

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42057**  
Registrar's No. **494**

BIRTH NO. _____		REG. DIST. NO. <b>301</b>		PRIMARY REG. DIST. NO. <b>6036</b>		Registrar's No. <b>494</b>	
1. PLACE OF DEATH a. COUNTY <b>Ripley</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Rural</b>		c. LENGTH OF STAY (In this place) <b>life</b>		c. CITY OR TOWN <b>Rural</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Briar-west of Doniphan</b>				f. STREET ADDRESS (If rural, give location) <b>0910</b> <b>Briar west of Doniphan</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>DALLAS</b> b. (Middle) <b>EDWARD</b> c. (Last) <b>CREWSE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 8, 1954</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>March 30, 1933</b>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <b>21 7 8</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Disabled veteran</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>former Army man</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Briar, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William E. Crewse</b>			13b. MOTHER'S MAIDEN NAME <b>Emme Bell</b>		14. NAME OF HUSBAND OR WIFE <b>never married</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes Korean Action</b>		16. SOCIAL SECURITY NO. <b>Korean Action</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. William E. Crewse Briar, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>self inflicted gunshot wound.</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>slug entered lower left thoracic cavity.</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND 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) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at farm home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Briar Ripley Missouri</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov. 8, 1954 12am</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Self inflicted gunshot wound</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Ray Meamer, Coroner, Doniphan, Missouri</b>				23b. ADDRESS <b>Doniphan, Missouri</b>		23c. DATE SIGNED <b>Nov. 15, 1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/10/1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wilson Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Ripley County, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>12-28-54</b>		REGISTRAR'S SIGNATURE <b>W. Johnston 277-A</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Edwards Funeral Home Doniphan, Mo.</b>			

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

MAY 28 1962

MAR 8 1956

JAN 4

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 *Gene Parent*

Licensed Embalmer No. *480*

P. O. Address *Stonington*

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.