

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4379

BIRTH NO. 7322-55		REG. DIST. NO. 101		PRIMARY REG. DIST. NO. 4173		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY DOUGLAS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DOUGLAS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AVA				c. LENGTH OF STAY (in this place)		c. CITY OR TOWN AVA	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) LARRY CRISP				4. DATE OF DEATH (Month) (Day) (Year) FEB 15 1955			
5. SEX 0 MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) NEVER MARRIED		8. DATE OF BIRTH FEB 15 1955	
9. AGE (In years last birthday)		10. UNDER 1 YEAR Months Days		11. BIRTHPLACE (City and State or Foreign Country) AVA MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME LUCILLE BYERLEY	
13c. NAME OF HUSBAND OR WIFE		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		15. SOCIAL SECURITY NO. NONE		16. INFORMANT'S SIGNATURE OR NAME GARRIE BYERLEY	
16. ADDRESS AVA MISSOURI		17. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hemorrhage of Umbilical Cord. DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Umbilical was broken when born		19. 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"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. 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) (Minute) m.		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 2-15, 1955, to 2-15, 1955, that I last saw the deceased alive on 2-15, 1955, and that death occurred at 2:00 p.m., from the causes and on the date stated above.		23a. SIGNATURE Dr. P. J. Harker (Degree or Title)		23b. ADDRESS D.O. Ava Mo.	
23c. DATE SIGNED 2-18-55		24a. BURIAL, CREMATION, REMOVAL (Specify) AVA		24b. DATE 2 16 55		24c. NAME OF CEMETERY OR CREMATORY AVA	
24d. LOCATION (City, town, or county) AVA MISSOURI		24e. DATE REC'D BY LOCAL REG. 3-11-55		24f. REGISTRAR'S SIGNATURE Ustah Bushman		24g. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CLINKINGBEARD FUNERAL HOME AVA MO.	

(Licensed Embalmer's Statement on Reverse Side)

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.....*Charles R. Fish*

Licensed Embalmer No. *466*

P. O. Address *Ova, m*

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.