

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 29 1955

State File No. **10641**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **254**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>William</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>0970</b>	
3. NAME OF DECEASED a. (First) <b>JAMES WILMER</b> b. (Middle) <b>C</b> c. (Last) <b>CRUMBAUGH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-19-55</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Oct-12-1871</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
<b>Retired water service engineer</b>		<b>Leroy Illinois</b>	<b>USA</b>
13a. FATHER'S NAME <b>Crumbaugh</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Stone</b>	14. NAME OF HUSBAND OR WIFE <b>Nellie Crumbaugh</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-026123</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs J W Crumbaugh</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolus</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. <b>Senile Dementia</b> (year) <b>1 year</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>405X</b>	
20. AUTOPSY? YES <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (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 <b>3/15</b> , 19 <b>55</b> to <b>3/19</b> , 19 <b>55</b> that I last saw the deceased alive on <b>3/19</b> , 19 <b>55</b> and that death occurred at <b>4:15</b> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>Marshall</b>	23c. DATE SIGNED <b>3/21/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>3-22-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Slater City</b>	24d. LOCATION (City, town, or county) (State) <b>Slater Mo.</b>
DATE REC'D BY LOCAL REG. <b>3-22-55</b>	REGISTRAR'S SIGNATURE <b>Carl J. Reed deputy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Slater Mo.</b>	

(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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.