

FILED APR 27 1955

STANDARD CERTIFICATE OF DEATH

State File No. **12915**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 44

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Pulaski</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koby Mo 1070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>John</u>		a. (First) <u>John</u> b. (Middle) <u>EDGAR</u> c. (Last) <u>CRUMRINE</u>	
<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>April 15 1955</u>		<b>5. SEX</b> <u>m</u>	
<b>6. COLOR OR RACE</b> <u>w</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	
<b>8. DATE OF BIRTH</b> <u>Nov. 23, 1876</u>		<b>9. AGE</b> (In years last birthday) <u>78</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farming</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Kansas City, Kansas</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A</u>	
<b>13a. FATHER'S NAME</b> <u>William Crumrine</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Margaret Ann Phyma</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ollie</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>572-30-1838</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Ollie Crumrine, Koby, Mo</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma (Primary) of Sigmoid Colon &amp; Carcinomatosis</u>		ANTECEDENT CAUSES <u>Secondary</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Secondary</u>	
DUE TO (c) <u>Hypertensive arteriosclerosis</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Regenerative decomposition of heart disease grade IV</u>	
<b>19a. DATE OF OPERATION</b> <u>Mar 28/55</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Carcinoma of Sigmoid Colon &amp; Metastases</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office, etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>153X</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> _____		<b>22. I hereby certify that I attended the deceased from</b> <u>Mar 15, 1953</u> , to <u>Apr 15, 1953</u> , that I last saw the deceased alive on <u>Apr 15, 1953</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
<b>23a. SIGNATURE</b> (Degree or title) <u>L. Burns, M.D.</u>		<b>23b. ADDRESS</b> <u>Houston, Mo</u>	
<b>23c. DATE SIGNED</b> <u>4/17/55</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	
<b>24b. DATE</b> <u>4/18/55</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Royal</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Texas Co. Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. H. Hodges</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>4-18-55</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Paula Mae Anderson</u>	
<b>ADDRESS</b> _____		<b>ADDRESS</b> _____	

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

850

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4-23-55  
4-18-55  
RECEIVED  
SHERIFF COUNTY Health Officer  
File Number  
Date Filed

MS JAN 20 1958

**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 Clarence E. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, Ind

**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.