

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 11 1956

State File No. 16169

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4215 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY <b>Henry</b> <b>0420</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b> <b>8150</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Osage Township</b> <b>9</b> c. LENGTH OF STAY (In this place) <b>2 days</b>		c. CITY OR TOWN <b>Overland Park</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Brownington RFD.2.</b>		e. STREET ADDRESS (If rural, give location) <b>8125 Craig</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Fannie</b> b. (Middle) <b>Gertrude</b> c. (Last) <b>Crummett</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 7, 1966</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 9, 1899</b>
9. AGE (In years last birthday) <b>56</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Kans.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>William E. Schuetz</b>	13b. MOTHER'S MAIDEN NAME <b>Gertrude Baker</b>	14. NAME OF HUSBAND OR WIFE <b>Warren K. Crummett</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Kansas</b> ADDRESS <b>Warren K. Crummett, 8125 Craig, Overland P</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thromboses</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>  <b>8 yrs</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis with hypertension</b> DUE TO (c)		
	11. 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 <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **1956**, to **6/7**, 19**56**, that I last saw the deceased alive on **DOA**, 19**56**, and that death occurred at **1:30 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. Powell (Coroner)</b>	23b. ADDRESS <b>D.O.A. Clinton mo</b>	23c. DATE SIGNED <b>6/8/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>June 8, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Jo. Memo. Garden</b>
24d. LOCATION (City, town, or county) (State) <b>Overland Park Kan.</b>		

DATE REC'D BY LOCAL REG. <b>6-8-56</b>	REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. A. Kinsaut, Clinton, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 11 1963

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### 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.....*H. A. Vansant*.....

Licensed Embalmer No. *37*

P. O. Address.....*Clinton*.....

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.