Health, Welfare Public Service

300
1-56

FILED AUG 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 22650

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 218

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY OR TOWN Kirksville — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION Stickler — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Adair
c. CITY OR TOWN Kirksville 001 3 — Inside Limits Yes ☐ No X
d. STREET ADDRESS R. F. D. (If outside, give location) — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print): First Mable Middle G. Last Crow

4. DATE OF DEATH Month July Day 23 Year 1956

5. SEX F

6. COLOR OR RACE W

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Mar. 3, 1880

9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Clayton, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Emery Griffith

14. MOTHER'S MAIDEN NAME Carrie Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) X

16. SOCIAL SECURITY NO. None

17. INFORMANT Address: Charlie Crow, Kirksville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) appendicitis — 10 days
DUE TO (c) Bowel obstruction — 3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 5501

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 16-56, to July 23-56 and last saw her/him alive on July 23-56. Death occurred at 3:45 p.m. on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE R O Stickler MD (Degree or title)

22b. ADDRESS Kirksville, Mo.

22c. DATE SIGNED 7-25-56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 7/25/56

23c. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery

23d. LOCATION (City, town, or county) Kirksville, Mo. (State)

24. FUNERAL DIRECTOR Paul M. Riley — ADDRESS Kirksville, Mo.

25. DATE RECD. BY LOCAL REG. 7-25-56

26. REGISTRAR'S SIGNATURE Kate Lambert

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Kenneth E. Hayes

Licensed Embalmer No. 489 0

P. O. Address Kirkwood 9, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.