No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3989

FILED MAR 12 1957

State File No. 7941

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 30-41 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bosworth
c. LENGTH OF STAY (in this place): 60yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gilbert Rest Home Carrollton Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: CARROLL
c. CITY OR TOWN: Bosworth 0140 0
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): [illegible]
b. (Middle): ELMER
c. (Last): CRISPIN

4. DATE OF DEATH (Month) (Day) (Year): Feb 23 1957

5. SEX: M
6. COLOR OR RACE: W D
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 21 1872
9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months 11 Days 2
IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country): De Witt Mo 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wm Jackson Crispin
13b. MOTHER'S MAIDEN NAME: Barbara Ellen Bryant
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 472-14-7731
17. INFORMANT'S SIGNATURE OR NAME: R.E. Crispin
ADDRESS: Menon Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Dementia 0
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old Age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 974X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1, 1956 *to* Feb 23, 1957, *that I last saw the deceased alive on* Feb 20, 1957 *and that death occurred at* 10:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Feb 23 57 (Degree or title) R. Hamilton Staten MD
23b. ADDRESS Carrollton Mo.
23c. DATE SIGNED Feb 24 57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 25 1957
24c. NAME OF CEMETERY OR CREMATORY: Wharton
24d. LOCATION (City, town, or county) (State): 4 M.S.E. Bosworth Mo

DATE REC'D BY LOCAL REG. 2-27-57
REGISTRAR'S SIGNATURE: Mo Herbert Calvert
25. FUNERAL DIRECTOR'S SIGNATURE: Leipard & Edwards
ADDRESS: Bosworth Mo

(Licensed Embalmer's Statement on Reverse Side)

45 0

MAR 12 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David J. Edwards

Licensed Embalmer No. 3245

P. O. Address Bowerth

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