X Health, Welfare Public Service

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FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27993
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 791-B

1. PLACE OF DEATH a. COUNTY Greene b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes [X] No [ ] c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital — Length of stay in 1b: 3 Days	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk c. CITY OR TOWN Brighton — Inside Limits Yes [ ] No [X] d. STREET ADDRESS (If outside, give location) 3½ Mi. N.E. Brighton — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First Nora — Middle May — Last Cribbs

4. DATE OF DEATH: Month August — Day 6 — Year 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: March 27, 1890

9. AGE (In years last birthday): 67 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (City and state or country): Greene County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Newton C. Howard

13b. MOTHER'S MAIDEN NAME: Mollie Porter

14. NAME OF HUSBAND OR WIFE: Horace D. Cribbs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Horace D. Cribbs — Address: Brighton, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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) Cerebral Edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Contusion

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2 Car accident,

20c. TIME OF INJURY: Hour 3:15 p.m. — Month, Day, Year 8-3-57

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway #13

20f. CITY, TOWN, OR LOCATION: 1/2 M. South Bolivar — COUNTY: Polk Co. — STATE: Missouri

21. I attended the deceased from 8-3-57, to 8-6-57 and last saw her alive on 8-6-57. Death occurred at 11:30 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John A. K. Haag M.D. (Degree or title)

22b. ADDRESS: 1636 S. Glenstone Springfield, Mo. — DATE SIGNED: 8-9-57

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

23b. DATE: Aug. 8, 1957

23c. NAME OF CEMETERY OR CREMATORY: Brighton Cemetery

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

24. FUNERAL DIRECTOR: Erwin & Blue — ADDRESS: Bolivar, Mo.

25. DATE RECD. BY LOCAL REG.: 8-13-57

26. REGISTRAR'S SIGNATURE: Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1957

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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Bolivar, T

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.