Health, Welfare Public Service

300 1
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32412
STATE FILE NUMBER

FILED OCT 8 1957

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY: JASPER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: MISSOURI b. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): MINERAL — Inside Limits: Yes ☐ No ☒	c. CITY OR TOWN: RURAL MINERAL TWSP — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): RT. 1, ORONOGO — Length of stay: 10 YRS	d. STREET ADDRESS (If outside, give location): RT. 1, ORONOGO 0490 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: LEE	Middle: BURTON	Last: CRYMES	4. DATE OF DEATH Month Day Year: SEPT. 18, 1957
5. SEX: M	6. COLOR OR RACE: W	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: JAN. 24, 1884
9. AGE (In years last birthday): 73	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): RETIRED TRUCK DRIVER	10b. KIND OF BUSINESS OR INDUSTRY: STAR TRANSFER	11. BIRTHPLACE (City and state or country): CO. TIMBO, ARK.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: GEORGE CRYMES	13b. MOTHER'S MAIDEN NAME: ------ LAWSON	14. NAME OF HUSBAND OR WIFE: JANE CRYMES	
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.	17. INFORMANT Address: MRS. JANE CRYMES, RT. 1, ORONOGO, 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): Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 HRS.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Chronic Myocarditis — Yrs.

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4222

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 8-10-57, to 9-18-57 and last saw her/him alive on 9-18-57

Death occurred at 2 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Glenn R. Duey Do 2	22b. ADDRESS: Alba - Mo	22c. DATE SIGNED: 9-20-57
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 9-21-57	23c. NAME OF CEMETERY OR CREMATORY: OSBORNE MEMORIAL,
23d. LOCATION (City, town, or county) (State): JOPLIN, MISSOURI		
24. FUNERAL DIRECTOR ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.	25. DATE RECD. BY LOCAL REG.: 9-30-57	26. REGISTRAR'S SIGNATURE: Mrs Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Date Filed

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, Mo

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.