

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 27 1957

29124
STATE FILE NUMBER

Registration District No. 16 Primary Registration District No. 5076 Registrar's No. 18

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Barton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Golden City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		Length of stay in lb 4 years	d. STREET ADDRESS Route 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) FANNIE SUSAN CRISSUP			4. DATE OF DEATH Month Nov. Day 20, Year 1957		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 23, 1876	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days 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 Own Home	11. BIRTHPLACE (City and state or country) Caldwell, Kansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Santer		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Hodge		14. NAME OF HUSBAND OR WIFE John Henry Crissup	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mr. Jack Crissup, Golden City, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. CAUSE OF DEATH ENTERED BY: IMMEDIATE CAUSE (a) Cardiac De-compensation					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 dys
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis					5 yrs
DUE TO (c) Arteriosclerosis					4201 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bilateral Varicose Leg Ulcers					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		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 Sept 148 to Nov 20 1957 and last saw her alive on 6-16-57 . Death occurred at 11-20-57 - 6:50 AM on the date stated above and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Herbert M. Arnold M.D.			22b. ADDRESS Lamar Mo.		22c. DATE SIGNED 11-22-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 23, 1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery		23d. LOCATION (City, town, or county) (State) Barton County, Missouri
24. FUNERAL DIRECTOR Chiles Funeral Home, Lamar, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 23. 1957		26. REGISTRAR'S SIGNATURE Arzil St. Cough	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Edward W. Chile*
Licensed Embalmer No. *3473*
P. O. Address *Lenox, 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.