

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43279

FILED NOV 26 1957

STATE FILE NUMBER

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 216

| | | | | | | | | |
|---|----------------------------------|---|--|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY VERNON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BENTON | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEVADA | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN FAIRFIELD | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ANDERSON Rest Home | | | Length of stay in lb 4 Months | | d. STREET ADDRESS X | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First LEE Middle ANN Last RINCK | | | | 4. DATE OF DEATH Month 11 Day 12 Year 1957 | | | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH July 27, 1885 | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months 3 Days 15 Hours Min. | 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 HOME | 11. BIRTH PLACE (City and state or country) BENTON COUNTY | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME Joseph F. CRABTREE | | | | 14. MOTHER'S MAIDEN NAME ELLA CRAWFORD | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT Mrs Roy Stull | | Address Fairfield Mo | | |
| 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 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Weakness DUE TO (c) Progressive Muscular Atrophy PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 3560 | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <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 WORK <input type="checkbox"/> NOT WHILE AT 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 1955 to Nov. 12, 57 and last saw her ^{her} _{him} alive on Nov. 12, 57 Death occurred at 4:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE H. R. Easton (Degree or title) NO | | | | 22b. ADDRESS 2 Meadblau, Mo | | 22c. DATE SIGNED Nov. 12, 57 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 11-14-1957 | 23c. NAME OF CEMETERY OR CREMATORY CRABTREE Cemetery | | 23d. LOCATION (City, town, or county) (State) Benton Co. Missouri | | | | |
| 24. FUNERAL DIRECTOR Reser Funeral Home Warsaw | | ADDRESS Warsaw | | 25. DATE RECD. BY LOCAL REG. 11-22-1957 | | 26. REGISTRAR'S SIGNATURE Ormas E. Ferry | | |

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 *Lloyd C. McLeod*.....
Licensed Embalmer No. *485*

P. O. Address *Greenville, S.C.*

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.