

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006587
State File No.

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>245</u> | | PRIMARY REG. DIST. NO. <u>5836</u> | | Registrar's No. <u>24</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Route 2</u> | | c. LENGTH OF STAY (in this place) <u>60 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Route 2</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2 Neosho, Mo.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>4 mi. So. 2 mi. West Neosho</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur G.</u> | | b. (Middle) <u>Crumbliss</u> | | c. (Last) <u>Crumbliss</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16, 1958</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Jan. 3, 1892</u> | |
| 9. AGE (In years last birthday) <u>66</u> | | 10. UNDER 1 YEAR Months Days <u>0</u> | | 11. UNDER 1 MIN. Hours Min. <u>0</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Neosho, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>John Crumbliss</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Theo Crumbliss</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>489-24-7250</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Theo Crumbliss Rt. 2 Neosho, Mo.</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>16 mo.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (a.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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>8-15, 1957</u> to <u>2-16, 1958</u> , that I last saw the deceased alive on <u>2-14, 1958</u> and that death occurred at <u>2:25 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Dr. P. B. Davis</u> | | (Degree or title) | | 23b. ADDRESS <u>Neosho Mo.</u> | | 23c. DATE SIGNED <u>2-18-58</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 18, 1958</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Newton County, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>3-1-58</u> | | REGISTRAR'S SIGNATURE <u>Melvin C. Bowman, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark Funeral Home Neosho, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Newton
District File Number 358-55
Date Filed MAR 7 1958

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 _____

Fred L. Clark

Student Embalmer No. 556

working under my personal supervision.

Student Fred L. Clark
Student Embalmer

Signed

Mariellen Puckett

Licensed Embalmer No. 4166

P. O. Address Neosho, 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 this body is not embalmed, fact should be so stated above.