

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029777
STATE FILE NUMBER

FILED AUG 25 1958

Registration District No. 243

Primary Registration District No. 4364

Registrar's No. 77

S. 300
1-57
0

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella		c. CITY OR TOWN Rural	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Hospital		d. STREET ADDRESS (If outside, give location) Neosho R.F.D. #4	
3. NAME OF DECEASED (Type or print) First Hugh Middle Crumbliss Last Crumbliss		4. DATE OF DEATH Month Aug. Day 8, Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☒	8. DATE OF BIRTH Nov. 28, 1892
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dishwasher		9b. KIND OF BUSINESS OR INDUSTRY Restaurant	
10a. FATHER'S NAME Wm. Henry Crumbliss		10b. MOTHER'S MAIDEN NAME Lydia White	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. SOCIAL SECURITY NO. 500-09-3338	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral haemorrhage		5 DAYS.	
DUE TO (c) Fracture of femur		3 WKS.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331XF		19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 331XF	
20c. TIME OF INJURY Hour — Month, Day, Year — a.m. — p.m. —		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☒	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Aug 7th		20f. CITY, TOWN, OR LOCATION Neosho Mo	
21. I attended the deceased from Jan 1948 to Aug 58 and last saw him alive on Aug 7-58 Death occurred at 2:48 A on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Melvin M. Cullough D.O.	
23a. BURIAL, CREATION, REMOVAL (Specify) Burial		23b. DATE 8-11-1958	
23c. NAME OF CEMETERY OR CREMATORY Gibson		23d. LOCATION (City, town, or county) (State) Neosho Missouri	
24. FUNERAL DIRECTOR Barney Thompson Jr.		25. DATE RECD. BY LOCAL REG. 8-13-58	
26. REGISTRAR'S SIGNATURE Mildred Moberly			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

RECEIVED

District Health Officer No. Neosho

District File Number 858-169

Date Filed AUG 19 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, Student Embalmer No. working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Barney Thompson Sr.

Licensed Embalmer No. 3259

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.