

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037433
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 20 56 Registrar's No. 228
Filed OCT 27 1958

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Missouri		c. CITY OR TOWN Moberly	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 207 Brinkerhoff		d. STREET ADDRESS (If outside, give location) 207 Brinkerhoff	
Length of stay in 1b 43 Yrs		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LENA Middle COLEMAN Last CRUMRINE			4. DATE OF DEATH Month OCT. Day 14 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 22, 1872	9. AGE (In years last birthday) 86 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Randolph County Mo.	
13. FATHER'S NAME James P. Christian			14. MOTHER'S MAIDEN NAME Mattie McDavitt		
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 Bert Crumrine Address Moberly	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis of left foot			INTERVAL BETWEEN ONSET AND DEATH 4 mo 10 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic obliterans of both lower extremities DUE TO (c) Rasa phlegma of feet 4501			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Dissecting Aneurysm of Aorta due to arteriosclerosis with rupture			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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) rupture of aorta		
20c. TIME OF INJURY Hour <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/> a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>			
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 April 1954 to Oct 19 1958 and last saw her ^{her} _{him} alive on Sept 20 1958 Death occurred at 6 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Clarence Lebes M.D.		22b. ADDRESS 317 Virginia	
22c. DATE SIGNED Oct 14 58			

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 17, 1958	23c. NAME OF CEMETERY Oakland	23d. LOCATION (City, town, or county) (State) Moberly Mo.
24. FUNERAL DIRECTOR Mahan Funeral Service ADDRESS Moberly		25. DATE RECD. BY LOCAL REG. 10-17-58	26. REGISTRAR'S SIGNATURE Clarence Lebes

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
 300 1-56
 No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

8961 2.5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
John A. Gulla

Licensed Embalmer No. *381*

P. O. Address *Maryland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.