

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004823  
STATE FILE NUMBER

FILED MAR 4 1959

Registration District No. 65 Primary Registration District No. Registrar's No. 8

300  
-57

1. PLACE OF DEATH a. COUNTY <u>SHERIDAN Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>1</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BRUNSWICK</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>BRUNSWICK</u> <sup>0210</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>405 KEYTE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>EMMA</u> Middle <u>GRACE</u> Last <u>CRIM</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>1<sup>st</sup></u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 11, 1880</u>		9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS.: Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>ANNA - ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>MATHEW BROOKS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY J. STOKES</u>		14. NAME OF HUSBAND OR WIFE <u>J.W. CRIM</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT <u>Oliver Crim, Monro City, Mo.</u> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerosis, generalized</u>		<u>15 yrs</u>
	DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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 _____ 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 <u>BRUNSWICK, MO.</u>	COUNTY _____	STATE _____
21. I attended the deceased from <u>2/20/59</u> to <u>3/1/59</u> and last saw her alive on <u>3/1/59</u> Death occurred at <u>6:00 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>H. W. Stuart M.D.</u> (Degree or title)	22b. ADDRESS <u>Brunswick, Mo.</u>	22c. DATE SIGNED <u>3/2/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-3-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. JUDES</u>	23d. LOCATION (City, town, or county) (State) <u>MONROE CITY, MO.</u>
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24. FUNERAL DIRECTOR <u>Wilson &amp; Son</u>	ADDRESS <u>Monroe City, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>3-2-59</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Beane</u>
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(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.

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 *me*....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Leslie L. Wilson*.....  
Licensed Embalmer No. *3014*.....  
P. O. Address *Monroe City*.....

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.