

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008543

STATE FILE NUMBER

FILED APR 10 1959

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Poplar Bluff 0124 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 425 S. 11th accident		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 804 Delano Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Douglas Milburn Crudgington			4. DATE OF DEATH Month Day Year March 28, 1959
5. SEX Male ^o	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 16, 1942
9. AGE (In years last birthday) 16		IF UNDER 1 YEAR Months Days 10 12	IF UNDER 24 HRS. Hours Min. 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Poplar Bluff, Mo. ^c	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME George Crudgington		13b. MOTHER'S MAIDEN NAME Madge Hill	14. NAME OF HUSBAND OR WIFE None
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. Unknown	17. INFORMANT Address Mrs. Madge Hill Poplar Bluff, 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) Multiple Fractures Head Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Automobile accident DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
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"/> 2
20a. ACCIDENT <input checked="" 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.) Loss Control of car on a curve and hit telephone pole		
20c. TIME OF INJURY Hour Month, Day, Year 12 Noon 3-28-59	20d. INJURY OCCURRED WHILE AT <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.) City Street	20f. CITY, TOWN, OR LOCATION Poplar Bluff	COUNTY Butler	STATE Mo
21. I attended the deceased from _____ to _____ and last saw ^{her} _{him} alive on _____ Death occurred at 12:00 Noon m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Print name or title) Grover W. Greer, Coroner 3		22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-30-59	23c. NAME OF CEMETERY OR CREMATORY City Cem.	23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.		25. DATE REG. BY LOCAL REG. 4/14/59	26. REGISTRAR'S SIGNATURE R. Ametree

(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.

RECEIVED

APR 9 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Edgar W. Giffon* _____
Licensed Embalmer No. *3394* _____
P. O. Address *Edgar Giffon* _____

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.