

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-028829

STATE FILE NUMBER

FILED VS AUG 24 1959

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

219

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Morgan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Clinton</b>		c. CITY OR TOWN <b>Stover</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Wetzel Osteo.Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>0710</b>	
3. NAME OF DECEASED (Type or print) <b>James Iver Crenshaw</b>		4. DATE OF DEATH Month <b>8</b> Day <b>16</b> Year <b>59</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 21, 1897</b>
9. AGE (In years (by birthday)) <b>62</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad</b>	
11. BIRTHPLACE (City and state or country) <b>Stover, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Joseph Crenshaw</b>		13b. MOTHER'S MAIDEN NAME <b>Matilda Streach</b>	
14. NAME OF HUSBAND OR WIFE <b>Minnie Crenshaw</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Howard L. Crenshaw, Independence, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial and Circulatory failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Exsanguination</b>		<b>72 hours</b>	
DUE TO (c) <b>Bleeding gastric ulcer</b>		<b>72 hours</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cerebral thrombosis.</b>		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 <b>9:00</b> a.m. <b>P.M.</b> Month, Day, Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <b>Stover, Mo.</b>		20f. COUNTY <b>Morgan</b> STATE <b>Mo</b>	
21. I attended the deceased from <b>Aug. 11, 1959</b> to <b>Aug. 16, 1959</b> and last saw him alive on <b>Aug. 16, 1959</b> Death occurred at <b>9:00 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Clinton L. Gentry</b> (Degree or title) <b>2</b>	
22b. ADDRESS <b>105 E. Ohio Clinton, Mo.</b>		22c. DATE SIGNED <b>8/17/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL Aug. 19 1959</b>		23b. NAME OF CEMETERY OR CREMATORY <b>PLEASANT UNION CEMETERY</b>	
23c. LOCATION (City, town, or county) <b>MORGAN COUNTY MO</b>		23d. DATE RECD. BY LOCAL REG. <b>Aug 22-59</b>	
23e. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>		23f. ADDRESS <b>Stover, Mo.</b>	

AUG 27 1959

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

*J. L. Stevenson*

Licensed Embalmer No. *4073*

P. O. Address *Stoner 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.