RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 21 1960

60-009864
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 159

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Length of stay in 1b: 10 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ~~INSTITUTION~~ Ellis Fischel State — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN Hannibal — Inside Limits: Yes ☐ X No ☐
d. STREET ADDRESS (If outside, give location) 324 Mark Twain — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First Effie, Middle Ethel, Last Crenshaw
4. DATE OF DEATH: Month March, Day 14, Year 1960
5. SEX: Female
6. COLOR OR RACE: white
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-18-97
9. AGE (last birthday): 63 years — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Eldors, Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: W.H. Williams
13b. MOTHER'S MAIDEN NAME: Luella Winslow
14. NAME OF HUSBAND OR WIFE: Oscar Crenshaw
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Hospital Records-Columbia, Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac arrest 2° to Exploratory laparotomy — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Epidermoid Ca of cervix c̄ extension — 10 yrs
DUE TO (c) to rectovaginal septum
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3-4-60, to 3-14-60 and last saw her/him alive on 3-14-60
Death occurred at 2:10 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harry Brings (Degree or title) MD
22b. ADDRESS Ellis Fischel State Cancer Hospital, Columbia Missouri
22c. DATE SIGNED 3-14-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/17/60
23c. NAME OF CEMETERY OR CREMATORY Taylor Cem.
23d. LOCATION (City, town, or county) Pike Co. Hannibal Ill. (State) Mo
24. FUNERAL DIRECTOR Lyman L. Funkhouser ADDRESS Columbia
25. DATE RECD. BY LOCAL REG. Mar. 15 1960
26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER MAR 28 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed George R. Vram

Signature of Student Embalmer

Licensed Embalmer No. 442

P. O. Address Column

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