

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011680

FILED VS APR 5 1960

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 37

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lewis</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>DICKERSON Twp</u>	Length of stay in 1b <u>2 yr.</u>	c. CITY OR TOWN <u>EWING</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PRAIRIE VIEW Rest Home</u>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>MINNIE LEA CRIST</u>			4. DATE OF DEATH Month Day Year <u>MARCH 24 1960</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>Dec. 4 1891</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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 <u>-</u>	11. BIRTHPLACE (City and state or country) <u>MARION County Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS JOHNSON</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLYN CLOW</u>		14. NAME OF HUSBAND OR WIFE <u>MRS ROY CRIST LaGRANGE Mo.</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>MRS ROY CRIST</u>	Address <u>LaGRANGE Mo.</u>
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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:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Carcinoma Hemorrhage</u>			<u>3 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Carcinoma female organ</u>		<u>2 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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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. Month, Day, Year			
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 July 1958 to 24 March 60 and last saw her alive on 23 Mar 1960
Death occurred at R.O.A.F. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>John W Wills D.O.</u>	22b. ADDRESS <u>Lewistown, Mo</u>	22c. DATE SIGNED <u>25 Mar 60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>27 March 60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MASONIC Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>EWING Mo.</u>

24. FUNERAL DIRECTOR <u>Thomas Ball Ewing</u>	ADDRESS <u>Ma</u>	25. DATE RECD. BY LOCAL REG. <u>3-28-'60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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 _____
Signature of Student Embalmer

Signed L. M. Cribbell

Licensed Embalmer No. 4905

P. O. Address Living M

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.