

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 25 1960

=60-016249

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Neosho</u>		Length of stay in 1b <u>all life</u>		c. CITY OR TOWN <u>Neosho</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home R # 4</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <u>Rt. #4</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Howard</u> Middle <u>Crumbliss</u> Last <u>Crumbliss</u>				4. DATE OF DEATH Month <u>April</u> Day <u>16</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-31-04</u>	9. AGE (last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pet Milk Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pet Milk Plant</u>		11. BIRTHPLACE (City and state or country) <u>Newton County</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Crumbliss</u>		13b. MOTHER'S MAIDEN NAME <u>Mellie Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Lucile</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>490-20-0478</u>		17. INFORMANT <u>Lucile Crumbliss</u> Address <u> </u>			
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>Arterio sclerotic heart disease with myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u>						INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.) <u> </u>			
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>	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.) <u> </u>		20f. CITY, TOWN, OR LOCATION <u>Neosho</u>		COUNTY <u>Mo.</u>		STATE <u> </u>	
21. I attended the deceased from <u>Mar 1, 1960</u> to <u>April 16, 1960</u> and last saw him alive on <u>April 16, 1960</u> Death occurred at <u>7:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Harold C. Lentz</u> (Degree or title) <u> </u>				22b. ADDRESS <u>Neosho</u>		22c. DATE SIGNED <u>4-20-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-19-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Wood Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>7 Miles West Neosho, Mo</u>			
24. FUNERAL DIRECTOR <u>Clark Funeral Home Neosho, Mo.</u>		ADDRESS <u> </u>		25. DATE RECD. BY LOCAL REG. <u>April 20, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Melvin C. Bowman MD</u>	

(Licensed Embalmer's Statement on Reverse Side)

per RH.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 10 1961

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 Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 S. W.
Neosho, Mo.

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.