URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-018138
STATE FILE NUMBER

FILED VS APR 18 1960
AMENDED

Registration District No. 370 Primary Registration District No. 6258 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Wayne Co. Pennsylvania
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Silva Mo
Length of stay in Ib 2 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Wayne
c. CITY OR TOWN Silva
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Gen Del
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last
THOMAS. BRANTON. CRUTCHFIELD

4. DATE OF DEATH Month Day Year
4 - 6 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/20/1886
9. AGE (last birthday) 74
IF UNDER 1 YEAR Months 0 Days 16
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Labor.
10b. KIND OF BUSINESS OR INDUSTRY public work
11. BIRTHPLACE (City and state or country) Salem Ill
12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME John Crutchfield
13b. MOTHER'S MAIDEN NAME Mrs Margaret Gray
14. NAME OF HUSBAND OR WIFE Arpha Crutchfield

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. 486-16-0952
17. INFORMANT Pauline Burchard Clubb, 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) Carcinoma of Larynx
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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)

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 Mar 29 to Apr 5 and last saw him alive on Apr 3
Death occurred at 10 45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. D. Pomeroy (Degree or title) MD
22b. ADDRESS Greenville Mo
22c. DATE SIGNED 4/16/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/9/1960
23c. NAME OF CEMETERY OR CREMATORY Greenville
23d. LOCATION (City, town, or county) Greenville (State) Mo

24. FUNERAL DIRECTOR W. Emerson Jamesburg Ass't ADDRESS
25. DATE REC'D BY LOCAL REG. April 15, 1960 Mar. 30. 1960
26. REGISTRAR'S SIGNATURE Gretta Ward

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Local Registrar DOCUMENT

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_____ Signed W T Ernest

Signature of Student Embalmer

Licensed Embalmer No. 353

P. O. Address Jamestown

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.