

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027409

FILED VS JUL 22 1960

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5596 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jefferson		
b. CITY (If outside corporate limits, give (TOWNSHIP) only) OR TOWN DeSoto Valle		Length of stay in 1b 40 yrs	c. CITY OR TOWN DeSoto		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S 2nd St.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) S. 2nd St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Berta Mae Crews			4. DATE OF DEATH Month Day Year July 7 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct 13 1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days 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 Home	11. BIRTHPLACE (City, and state or country) Licking, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Grant Barnes		13b. MOTHER'S MAIDEN NAME Nancy Craddock		14. NAME OF HUSBAND OR WIFE A. J. Crews (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. John Hopson DeSoto, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Angina pectoris					INTERVAL BETWEEN ONSET AND DEATH 4 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease with myocardial insufficiency					4 months
DUE TO (c) arteriosclerosis of coronary arteries					Unknown
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.		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 February 1960 to July 7, 1960 and last saw her ^{her} _{him} alive on July 5, 1960 Death occurred at 8:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.			22b. ADDRESS DeSoto, Mo		22c. DATE SIGNED 7-8-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 10 1960	23c. NAME OF CEMETERY OR CREMATORY Woodlawn		23d. LOCATION (City, town, or county) (State) DeSoto, Mo.	
24. FUNERAL DIRECTOR ADDRESS Mahn Funeral Home DeSoto, Mo.		25. DATE RECD. BY LOCAL REG. 7-9-1960	26. REGISTRAR'S SIGNATURE Marie Harris		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 1 T 100

0961 2 T 100

0961 8 T 100

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

Daniel J. [Signature]

Licensed Embalmer No. 4320

P. O. Address [Signature]

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