

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038873

FILED VS NOV 3 1960

171

Primary Registration District No. 4266

Registrar's No. 34

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Lafayette	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wellington		a. STATE Missouri b. COUNTY Lafayette
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 20 years	c. CITY OR TOWN Wellington, Mo.
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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	4. DATE OF DEATH	Month	Day	Year
STELLA	J	CRUTSINGER		Oct. 17, 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 4/4/1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months	Days	Hours
				Min.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife retired	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Warrenton, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Hugo E. Duebbert	13b. MOTHER'S MAIDEN NAME Caroline	14. NAME OF HUSBAND OR WIFE William W. Crutsinger
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Carol Wollard	Address Wellington, Mo
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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) Coronary Embolism	5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary Artery disease	10 years
DUE TO (c) Arteriosclerosis	20 years

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
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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.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from Nov 9, 1950 to Oct. 17, 1960 and last saw her alive on Oct. 15, 1960	Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Emma Davidson</i>	22b. ADDRESS Wellington, Mo.	TO DATE SIGNATURE
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 19, 1960	23c. NAME OF CEMETERY OR CREMATORY St. Lukes	23d. LOCATION (City, town, or county) Wellington, Missouri	(State)
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24. FUNERAL DIRECTOR J. C. Sheppard	ADDRESS Wellington, Mo.	25. DATE RECD. BY LOCAL REG. Oct. 26, 1960	26. REGISTRAR'S SIGNATURE Emma Davidson
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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 *J. Clair Sheppard*

Licensed Embalmer No. 4179

P. O. Address Wellington, N.H.

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.