

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036119

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 255 STATE FILE NUMBER

AMENDED

**FILED DEATH** **OCT 18 1961**

1. **COUNTY** Callaway

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. **STATE** Missouri b. **COUNTY** Randolph

b. **CITY** (If outside corporate limits, give TOWNSHIP only) Fulton Length of stay in 1b 1 Month c. **CITY OR TOWN** Moberly Inside Limits Yes  No

c. **FULL NAME OF HOSPITAL OR INSTITUTION** State Hospital No. 1 Inside Limits Yes  No  d. **STREET ADDRESS** 205 East Coates (If outside, give location) Reside on Farm Yes  No

3. **NAME OF DECEASED** (Type or print) First Romie Middle Grant Last Crigler 4. **DATE OF DEATH** Month Oct. Day 14, Year 1961

5. **SEX** Male 6. **COLOR OR RACE** White 7. **Married**  **Never Married**   
**Widowed**  **Divorced**  8. **DATE OF BIRTH** 11/10/1888 9. **AGE** (last birthday) 72

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

13a. **FATHER'S NAME** J. W. Crigler 13b. **MOTHER'S MAIDEN NAME** Frances Vanlandham 14. **NAME OF HUSBAND OR WIFE** Irene Crigler

15. **WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) unk 16. **SOCIAL SECURITY NO.** 17. **INFORMANT** State Hospital No. 1, Fulton, Mo. Address

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c). PART I. **DEATH WAS CAUSED BY:**

**IMMEDIATE CAUSE (a)** Bronchopneumonia

**CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.** **DUE TO (b)** arteriosclerosis heart disease

**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.**  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.) State Hospital No. 1 20f. **CITY, TOWN, OR LOCATION** Fulton, Mo. COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. **Attended the deceased from** 9/8/61 to 10-14-61 Death occurred at 2:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) Edward R. Kelley M.D. 22b. **ADDRESS** Fulton, Mo. 22c. **DATE SIGNED** 10-14-61

23a. **BURIAL, CREMATION, REMOVAL** (Specify) Removal 23b. **DATE** 10/14/1961 23c. **NAME OF CEMETERY OR CREMATORY** Pleasant Green Cem. 23d. **LOCATION** (City, town, or county) (State) Howard County, Mo.

24. **FUNERAL DIRECTOR** Ralph A. Coon Fayethy M.D. ADDRESS \_\_\_\_\_ 25. **DATE RECD. BY LOCAL REG.** Oct-14-1961 26. **REGISTRAR'S SIGNATURE** Maretha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~of~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Ralph A. Carr*

Licensed Embalmer No.

*3340*

P. O. Address

*Jayette, Mo*

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.