

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015162

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

FILED APR 30 1962

Primary Registration District No. 1022

Registrar's No.

2009

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		d. STREET ADDRESS (If outside, give location) 5000 GIBBS ROAD	
3. NAME OF DECEASED (Type or print) First NORVAL Middle LEE Last CRUMBLISS		4. DATE OF DEATH Month April Day 8 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-25-95
9. AGE (last birthday) 67		10. IF UNDER 1 YEAR Months 67 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic, unemployed		10b. KIND OF BUSINESS OR INDUSTRY	
11a. BIRTHPLACE (City and state or country) Seneca, Missouri		11b. CITIZEN OF WHAT COUNTRY U.S.A.	
12a. FATHER'S NAME James Crumbliss		12b. MOTHER'S MAIDEN NAME Laura Boyer	
12c. NAME OF HUSBAND OR WIFE Mary Crumbliss		13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	
14. SOCIAL SECURITY NO. 217 09 0503		15. INFORMANT VA Hospital Official Records, K.C. Mo.	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mucopurulent tracheobronchitis due to aspiration of gastric contents DUE TO (b) Diffuse cerebral atherosclerosis, marked, with cerebral infarctions, multiple, small, left 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
17. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		18. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
19. TIME OF INJURY Hour 8:45 a.m. p.m. Month, Day, Year February 17, 1962		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
23. CITY, TOWN, OR LOCATION VA		COUNTY KANSAS STATE MO.	
24. attended the deceased from February 17, 1962 to April 8, 1962 and last saw him on April 8, 1962 Death occurred at 8:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
25. SIGNATURE Stephen Parks, M.D.		26. ADDRESS VA Hospital, Kansas City, Mo.	
27. DATE SIGNED 4-9-62		28. BUREAL CREMATION, REMOVAL (Specify) Removal	
29. DATE 4-11-62		30. NAME OF CEMETERY OR CREMATORY maple Hill Cemetery	
31. LOCATION (City, town, or county) Kansas City, Kans.		32. FUNERAL DIRECTOR D. W. Newcomer's Sons K.C.K.	
33. ADDRESS 4-11-62		34. REGISTRAR'S SIGNATURE Ruth Long	

USE BLACK INK
OR
TYPEWRITER RIBBON

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,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John L. Haleback

Licensed Embalmer No.

4949

P. O. Address

No. Kansas City 16 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.