

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020079

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. - Registrar's No. 220

FILED MAY 29 1962

VS 300
F lev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits - use TOWNSHIP only) <u>ST. FRANCIS TWP.</u> Length of stay in lb <u>11M; 21das</u>		c. CITY OR TOWN <u>MARBLE HILL</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>STATE HOSP. #4</u>		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 <u>DAISY MAE CRUTCHFIELD</u>			4. DATE OF DEATH Month Day Year <u>5-17-1962</u>
5. SEX <u>Fm</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-22-1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	9. AGE (last birthday) <u>66</u>
11a. FATHER'S NAME <u>TILL BILLINGSLEY</u>		11b. MOTHER'S MAIDEN NAME <u>EMMA LANCASTER</u>	11c. BIRTHPLACE (City and state or country) <u>CAIRO ILL</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		12b. SOCIAL SECURITY NO. <u>Unknown</u>	
13a. FATHER'S NAME <u>TILL BILLINGSLEY</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA LANCASTER</u>	
14a. NAME OF HUSBAND OR WIFE <u>ARTHUR CRUTCHFIELD</u>		14b. ADDRESS <u>Records, State Hosp. #4, Farmington, Mo. and Arthur Crutchfield Marble Hill</u>	
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) <u>Bilateral lobar pneumonia</u>			<u>5 das.</u>
DUE TO (b) <u>Inanition</u>			<u>abt. 10 das.</u>
DUE TO (c) <u>Psychosis</u>			<u>abt. 8 yrs.</u>
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. 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
21. I attended the deceased from <u>May 12, 1962</u> to <u>May 17, 1962</u> and last saw her <u>XXX</u> alive on <u>May 17, 1962</u>		Death occurred at <u>6:10 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>John A. Brennan MD</u>		22b. ADDRESS <u>State Hospital No. 4, Farmington, Missouri</u>	22c. DATE SIGNED <u>5-18-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5-20-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CACHE CHAPEL</u>	23d. LOCATION (City, town, or county) (State) <u>ULLIN, ILL</u>
24. FUNERAL DIRECTOR <u>Gene Ward Luttrille MO</u>		25. DATE RECD. BY LOCAL REG. <u>May 18, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>

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

Kenneth Liley

Licensed Embalmer No. 5086

P. O. Address

Putnam, 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.