

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047542

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 101 Primary Registration District No. 4173 Registrar's No. 69

FILED DEC 23 1963

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Douglas</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>                           |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Ava</u>   |   | Length of stay in 1b<br><u>Life</u>  | c. CITY OR TOWN <u>Ava</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Jesse</u> Middle <u>Crisp</u> Last   |   | 4. DATE OF DEATH<br>Month <u>Dec.</u> Day <u>16</u> Year <u>1963</u>   |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>4-24-99</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Common Laborer</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (last birthday)<br><u>64</u>   |
| 11a. BIRTHPLACE (City and state or country)<br><u>Arkansas</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |   |
| 13a. FATHER'S NAME<br><u>William Clint Crisp</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Malisey Shelton</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |   | 16. SOCIAL SECURITY NO.<br><u>496-05-3148</u>  |   |
| 17. INFORMANT<br><u>Thelma Burchell, Ava, Missouri</u>  |   | Address  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>LOBAR PNEUMONIA</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>BRONCHIAL ASTHMA</u><br>DUE TO (c) |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 DAYS</u><br><u>YES</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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour <u>9:30</u> a.m. <u>P.M.</u> Month, Day, Year <u>12/16/63</u>   | 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<br><u>Ava, Missouri</u>  |  | COUNTY STATE  |
| 21. I attended the deceased from <u>12/16/63</u> to <u>12/16/63</u> and last saw him alive on <u>12/16/63</u> 6 PM<br>Death occurred at <u>9:30 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22b. ADDRESS<br><u>Ava, Missouri</u>   |   |
| 22a. SIGNATURE<br><u>W. L. Sample MD</u> (Degree or title)  |   | 22c. DATE SIGNED<br><u>12/17/63</u> (State)  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>12-20-63</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Ava</u>   | 23d. LOCATION (City, town, or county)<br><u>Ava, Missouri</u>   |
| 24. FUNERAL DIRECTOR<br><u>Clinkingbeard Funeral Home, Ava, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>Dec. 19-63</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Wesley Bushman</u>  |

(Licensed Embalmer's Statement on Reverse Side)

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 Lyle B. Glinkingheard

Licensed Embalmer No. 4830

P. O. Address Avon, 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.