

FILED JUN 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

165274

STATE FILE NUMBER

 Registration District No. 80 Primary Registration District No. 5306 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Cole</u> Monteau			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monteau</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Centertown, Mo Marion</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			c. CITY OR TOWN <u>Centertown, Mo</u> <u>0680</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home- Rt # 1</u> Length of stay in 1b <u>38 Yrs</u>			d. STREET ADDRESS (If outside, give location) <u>Rt # 1</u> Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Mellie</u> Middle <u>Crutsinger</u> Last <u>Crutsinger</u>			4. DATE OF DEATH Month <u>May</u> Day <u>29</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>Feb 17 1882</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>3</u> Days <u>12</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>James L Garnett</u>			14. MOTHER'S MAIDEN NAME <u>Mary Reeves</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>L.M. Crutsinger</u> Address <u>Centertown, Mo</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic suppurative degeneration</u> DUE TO (b) <u>relapsed pneumonia (lobar)</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>14 mos</u> <u>14 mos ago</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>422.2</u>					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 <u>4:00</u> Month <u>Nov</u> Day <u>1943</u> a. m. <u>1957</u> p. m.					
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
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21: I attended the deceased from <u>Nov 1943</u> to <u>May 29, 1957</u> and last saw her alive on <u>May 29, 1957</u> Death occurred at <u>4:00 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>Carleton M. W. Field, D.O.</u>			22b. ADDRESS <u>Centertown, Mo</u>		22c. DATE SIGNED <u>5/31/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/31/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Centertown Cemetery</u>	23d. LOCATION (City, town, or county) <u>Centertown, Mo</u>		(State)
24. FUNERAL DIRECTOR <u>Earle Bondin - Calidonia, Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>May 31</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Minnie K. Krumpholtz</u>		

Doctor, coroner, etc.; must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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(Licensed Embalmer's Statement on Reverse Side)

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 *Jack H. Bowler*

Licensed Embalmer No. *493*

P. O. Address *California*

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.