MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0003541 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 737

FILED JAN 27 1966

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

DATE AMENDED 1 2 21 9 12

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

3 4 1 5 3 6 7 0 8 2 9 10 11 12 36.0 13

81

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY - - - - - -
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b: 4 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bernard Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY - - -
c. CITY OR TOWN St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4245 McPherson
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ANNA Middle MELISSA Last CRUNCLETON

4. DATE OF DEATH: Month January Day 21 Year 1966

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 9-6-1868

9. AGE (last birthday): 97
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Of the Home

11. BIRTHPLACE (City and state or country): St. Genevieve Co.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Wm. H. Hipes

13b. MOTHER'S MAIDEN NAME: Josephine Bequette

14. NAME OF HUSBAND ~~WIFE~~: Willard S. Cruncleton(dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) - -

16. SOCIAL SECURITY NO.: Railroad Retirement

17. INFORMANT Address: Mrs. Fred Theleman, 5317 Lindenwood

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4200

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1960 to death and last saw her alive on 12.31.65
Death occurred at 5:00A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward P. Glynn MD

22b. ADDRESS 9730 E Watson Rd.

22c. DATE SIGNED 1-21-66

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 1-24-66

23c. NAME OF CEMETERY OR CREMATORY Marvin Chapel Cemetery

23d. LOCATION (City, town, or county) Bonne Terre (State) Missouri

24. FUNERAL DIRECTOR ADDRESS: Hoffmeister Colonial Mortuary 6464 Chippewa, St. Louis 9 VS

25. DATE RECD. BY LOCAL REG. JAN 22 1966

26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Edward Flynn
9730 E. Watson Rd.
V1.3-7000

Ffrday t111 7:00

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 Dee Chapman

Licensed Embalmer No. 476x

P. O. Address St Louis 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.