

CERTIFICATE OF DEATH

69 0051254

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 526

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. GEORGE ORA CRUNCLETON 2. M 3. DEC. 27 1969

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. WHITE 5b. 88 5c. 4/16/1881 7a. ST. FRANCOIS

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. FARMINGTON 7c. YES 7d. FARMINGTON COMMUNITY HOSPITAL

STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Mo. 9. USA 10. NEVER MARRIED 11. NONE

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 494-56-0280 13a. NEVER WORKED 13b. NONE

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER

14a. Mo. 14b. ST. FRANCOIS FARMINGTON 14c. YES 14d. 411 ALLEN ST.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. WILLIAM M. CRUNCLETON 16. CAROLINE PEARL ASHBURN

INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. TOM CRUNCLETON 17b. 411 ALLEN ST. FARMINGTON, Mo. 63640

CAUSE

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) CEREBRAL THROMBOSIS 19. 1 wk.

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

(b) GENERALIZED ARTERIOSCLEROSIS

(c)

CERTIFIER

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20a. 20b. 20c. M. 20d.

INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS

20e. 20f. 20g. 20h. YES NO LINK

BURIAL

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 12-24-69 TO 12-27-69 AND LAST SAW HIM/HER ALIVE ON 12-27-69 I DID/DID NOT VIEW THE BODY AFTER DEATH. 21c. Did DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 9-30 AM

CERTIFICATION—MEDICAL EXAMINER OR CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR

22a. M. 22b. M. 22c. M.

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)

23a. C.E. Carleton, M.D. 23b. C.E. Carleton 23c. MD 23d. 12-27-69

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23a. Farmington, Mo. 23b. 63640

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE

24a. BURIAL 24b. MARVIN CHAPEL 24c. FARMINGTON Mo.

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. Dec. 29, 1969 24e. COZEAN 217 W. COLUMBIA FARMINGTON, Mo. 63640

FUNERAL DIRECTOR—SIGNATURE REGISTAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

25a. Ch. Cozean 25b. Esther Matthews 25c. Dec 27, 1969

Type or print in PERMANENT BLACK INK. See handbook for instructions.

9. 0
10a. 88
10b. 03
11. 0
12. 0
13. 4339
14. 4
15. 0945
16. 0
17. 0
18. 0
19. CREDITS
20. 1-0

JAN 8 - 1970

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 Robin L. Logan

Licensed Embalmer No. 5465

P. O. Address Farmington, 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.

Logan, R.L.