

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 495

DO NOT WRITE ON THIS STUB

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VS 300  
Rev. 1/70

**DECEASED**

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

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

DECEASED—NAME FIRST MIDDLE LAST <b>DAVID WAYNE CRIPPEN</b>			SEX <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>June 25, 1971</b>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>White</b>	AGE—LAST BIRTHDAY (YEARS) Mo. DAY <b>9</b>	UNDER 1 YEAR Mo. DAYS <b>9</b>	UNDER 1 DAY HOURS MIN. <b>5</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>Dec. 5, 1961</b>	COUNTY OF DEATH <b>Boone</b>
CITY, TOWN, OR LOCATION OF DEATH <b>Columbia</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>Yes</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Boone County Hospital</b>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Missouri</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Never Married</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
SOCIAL SECURITY NUMBER <b>None</b>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>None</b>	KIND OF BUSINESS OR INDUSTRY <b>None</b>		
RESIDENCE—STATE <b>Missouri</b>	COUNTY <b>Andrew</b>	CITY, TOWN, OR LOCATION <b>Amazonia</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>Yes</b>	STREET AND NUMBER	
FATHER—NAME FIRST MIDDLE LAST <b>Marvin Crippen</b>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Darlene Welter</b>			
INFORMANT—NAME <b>Marvin Crippen</b>			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Amazonia, Missouri 64421</b>		

PART I. DEATH WAS CAUSED BY:

18. IMMEDIATE CAUSE (a) <b>Respiratory Arrest</b> DUE TO, OR AS A CONSEQUENCE OF:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>
(b) <b>Brain Hemorrhage</b> DUE TO, OR AS A CONSEQUENCE OF:	<b>6/25 6/25</b>
(c) <b>Recurrent Brain Tumor</b>	<b>2/71 - 6/71</b>

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 \_\_\_\_\_

20a. \_\_\_\_\_ 20b. \_\_\_\_\_ 20c. \_\_\_\_\_

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) \_\_\_\_\_

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) \_\_\_\_\_

20e. \_\_\_\_\_ 20f. \_\_\_\_\_ 20g. \_\_\_\_\_

IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS  
20h.  YES  NO

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM \_\_\_\_\_ MONTH DAY YEAR \_\_\_\_\_ TO \_\_\_\_\_ MONTH DAY YEAR \_\_\_\_\_ AND LAST SAW HIM/HER ALIVE ON \_\_\_\_\_ MONTH DAY YEAR \_\_\_\_\_ I DID/DID NOT VIEW THE BODY AFTER DEATH. \_\_\_\_\_ DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

21a. **6-22-71** TO 21b. **6-25-71** 21c. **6-24-71** 21d. **DID** 21e. **10-30 A.M.**

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.

22a. **10:30 A.M.** 22b. **June 25 71** 22c. **11:30 A.M.**

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

23a. **O. GERALD ORTH M.D.** 23b. **O. Gerald Orth M.D.** 23c. **6/25/71**

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

23d. **201 W. BROADWAY** 23e. **COLUMBIA** 23f. **MO** 23g. **65201**

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

24a. **Burial** 24b. **St. Johns Cemetery** 24c. **Amazonia, Missouri**

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

24d. **JUNE 28, 1971** 24e. **Breit-Hawkins Funeral Home, 408 W. Market St., Savannah, Mo.**

FUNERAL DIRECTOR—SIGNATURE \_\_\_\_\_ REGISTRAR—SIGNATURE \_\_\_\_\_ DATE RECEIVED BY LOCAL REGISTRAR \_\_\_\_\_

25a. **James B. Hawkins** 25b. **Mrs. R. E. Palmer** 25c. **June 25 1971**

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

**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 Ray A Brown

Licensed Embalmer No. 5326

P. O. Address Columbia, 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.