

FILED MAY 12 1949

STANDARD CERTIFICATE OF DEATH

State File No. 12152  
Registrar's No. 884

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>884</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>209 E. Jefferson</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAMENZA</u> b. (Middle) <u>ESTALINE</u> c. (Last) <u>CREWS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 28-1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>March-1-1855</u>		9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 24 HRS. Min. <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James D. Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Delilah Kantzman</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK CREWS</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'S SIGNATURE OR NAME ADDRESS <u>Charlie Burnsides St. Petersburg Florida</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fall down basement steps at home, fracturing skull.</u>						<u>sudden</u>
	DUE TO (c) _____						<u>6 90 20</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>21</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUBCIDE - HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clinton Henry MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-28-49 4 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Full down basement steps</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. Walker, M.D.</u> (Degree or title) <u>attending physician</u>				23b. ADDRESS <u>Clinton MO</u>		23c. DATE SIGNED <u>4-29-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May-1-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton MO</u>		
DATE REC'D BY LOCAL REG. <u>May 1-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		FUNDING DIRECTOR'S SIGNATURE <u>Fred Wilkinson</u>		ADDRESS <u>Clinton MO</u>	

RECEIVED

District Health Officer No. 7,

District File Number 4-49-510

Date Filed 5-9-49

MAY 14 1949

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.

Signed.....

*H. Wilkerson*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

4376

P. O. Address.....

*Clinton 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 this body is not embalmed, fact should be so stated above.