

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23160

State File No.

FILED AUG 10 1949

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 4201 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Republic</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>39</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>6th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Ernest</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Crain</u>	(Month) <u>Aug.</u>	(Day) <u>7.</u>	(Year) <u>1949</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 29 1859</u>		9. AGE (In years last birthday) <u>89</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Pleasant Lake Ind.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Orange Crain</u>		13b. MOTHER'S MAIDEN NAME <u>Delilah Staley</u>		14. NAME OF HUSBAND OR WIFE <u>Maudie Crain</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ada E. Crain - Republic Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Renal Vascular</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) <u>Chronic Myocarditis</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 11, 1949, to August 4, 1949, that I last saw the deceased alive on August 4, 1949 and that death occurred at 6:58 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. B. Mitchell, D.O.</u> (Degree or title)		23b. ADDRESS <u>Republic Mo.</u>		23c. DATE SIGNED <u>Aug. 5, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 7, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Republic Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Aug 6 - 1949</u>		REGISTRAR'S SIGNATURE <u>Florence Britain</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. E. Thurman, Union, Republic Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

39000

RECEIVED

Greene County Health Office,

County File Number 49-53-8

Date Filed 8-8-49

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, ^{and} or by

E. M. Thurman

Licensed

Student Embalmer No.

3687

working under my personal supervision.

Signed

P. E. Hummer

Signed

Student Embalmer

Licensed Embalmer No.

5-03

P. O. Address

Republic, 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.