

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED DEC 9 1949

State File No. **40018**

BIRTH NO. _____ REG. DIST. NO. **365** PRIMARY REG. DIST. NO. **6240** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY WASHINGTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WASHINGTON	
b. CITY OR TOWN COURTOISE		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN COURTOISE 110	
c. LENGTH OF STAY (in this place) 5 YRS.		d. STREET ADDRESS (If rural, give location) 001	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) HERBERT b. (Middle) EDWARD c. (Last) CRABTREE		4. DATE OF DEATH (Month) (Day) (Year) Nov 16-49	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 16-1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) LEASBURG, Mo. D
13a. FATHER'S NAME Wm. CRABTREE		13b. MOTHER'S MAIDEN NAME JENNIE BROWN	14. NAME OF HUSBAND OR WIFE KATHERINE Crabtree
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NINE	
		17. INFORMANT'S SIGNATURE OR NAME CARAC CRABTREE ADDRESS COURTOISE, MO	
		12. CITIZEN OF WHAT COUNTRY? USA	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) left sided Brain DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. *AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

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 **3:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. H. Newell M.D. (Degree or title)	23b. ADDRESS Paris, Mo.	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov 19-49	24c. NAME OF CEMETERY OR CREMATORY DILLARD CEM.
24d. LOCATION (City, town, or county) (State) DILLARD, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE THOMAS S. HALBERT-STEELVILLE, Mo. ADDRESS	
DATE REC'D BY LOCAL REG. 11-28-49	REGISTRAR'S SIGNATURE Ella D. White 936	

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-2-49

Health Officer No. 4

File Number 1249-1566

Date Filed

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 Student Embalmer

Signed

Thomas S. Gilbert

Licensed Embalmer No. 4332

P. O. Address Steelville, 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.