

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12958

0495

| | | | | | | | |
|---|-------------------------------|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>126</u> | | PRIMARY REG. DIST. NO. <u>5001</u> | | Registrar's No. <u>195</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Joplin, Missouri</u>) | | c. LENGTH OF STAY (In this place) <u>3 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Galena</u> | | 8150 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hosp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>411 1/2 Main St. (Room)</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Reuben F.</u> | | b. (Middle) _____ | | c. (Last) <u>Crabtree</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4 22 1951</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | | 8. DATE OF BIRTH <u>July 28, 1868</u> | | 9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u> | | 11. BIRTHPLACE (State or foreign country) <u>Belton Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |
| 13a. FATHER'S NAME <u>W. P. Crabtree</u> | | 13b. MOTHER'S MAIDEN NAME <u>Marry J. Honn</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mammie B. Long</u> | | ADDRESS <u>Fort Scott, Kan.</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, asthenea, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Bronchial</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Fibrous Tuberculosis 20 years</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</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) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Galena Kansas</u> | | 21f. HOW DID INJURY OCCUR? _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 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 <u>47</u> , to <u>22 Apr, 1951</u> , that I last saw the deceased alive on <u>22 Apr, 1951</u> , and that death occurred at <u>7:00 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Robert G. Paul</u> | | | | 23b. ADDRESS <u>Galena Kansas</u> | | 23c. DATE SIGNED <u>23 Apr 51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>4-22-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Galena</u> | | 24d. LOCATION (City, town, or county) (State) <u>Galena Kansas</u> | |
| DATE REC'D BY LOCAL REG. <u>4-24-51</u> | | EMBALMER'S SIGNATURE <u>[Signature]</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>Galena Kansas</u> | |

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

MAY 1 1951

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 Howard E. Gibson

Signed _____
Student Embalmer

Kansas — Licensed Embalmer No. 2310

P. O. Address Galena, Kansas

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.