

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29494**  
Registrar's No. **1003**

FILED OCT 8 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>1 Years</b>		d. STREET ADDRESS (If rural, give location) <b>1222 North 15th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1222 North 15th Street</b>		d. STREET ADDRESS (If rural, give location) <b>1222 North 15th Street</b>	

3. NAME OF DECEASED (Type or Print) <b>William L Crandy</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 26, 1951</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Dec. 18, 1863</b>		9. AGE (In years last birthday) <b>87</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building Ind.</b>		11. BIRTHPLACE (State or foreign country) <b>Richmond, Ind.</b>	

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Coral</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Coral Crandy 1222 North 15th St.</b>	
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prostatic Hypertrophy</b>				
	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. <b>Generalized Arteriosclerosis</b>		<b>610X</b> <b>Unknown</b>			
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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **on 9/11/51**, 19**51**, that I last saw the deceased alive on **9/11/51**, 19**51**, and that death occurred at **1:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm Redwood</b>		23b. ADDRESS <b>St. Joseph, Mo</b>		23c. DATE SIGNED <b>9/27/51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 28, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>	

DATE/REC'D BY LOCAL REG. <b>Oct 1, 1951</b>		REGISTRAR'S SIGNATURE <b>Carl C. Casuto</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Stamey Funeral Home 2335 St. Joseph Ave.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Elmer Phawor

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2640

P. O. Address St. Joseph, 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.