No. 300
10-48

FILED OCT 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34112

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) R.R#3 ~~Desoto~~ VALLE
c. LENGTH OF STAY (in this place) 4 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R. R. #3. De Soto. Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ILLINOIS
b. COUNTY ST CLAIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) EAST CARONDOLET ILL
d. STREET ADDRESS (If rural, give location) RR#1 Dupo, ILL 8120

3. NAME OF DECEASED (Type or Print)
a. (First) NORMA
b. (Middle) JEAN
c. (Last) CRAKE

4. DATE OF DEATH (Month) 10 (Day) 9 (Year) 51

5. SEX FEMALE
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1
8. DATE OF BIRTH MAY 23 1930
9. AGE (In years last birthday) 21 — IF UNDER 1 YEAR Months 4 Days 16 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) COLUMBIA ILL
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ALVIN STUMPF
13b. MOTHER'S MAIDEN NAME ESTHER HUCH
14. NAME OF HUSBAND OR WIFE FRANK CRAKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 321-24-2792
17. INFORMANT'S SIGNATURE OR NAME Frank Crake. Rt#1. Dupo. Ill. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning

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. E9294

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 050 42
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) LAKE
21c. (CITY, TOWN, OR TOWNSHIP) RR#3 DESOTO (COUNTY) JEFFERSON (STATE) MO

21d. TIME OF INJURY (Month) 10 (Day) 9 (Year) 51 (Hour) 4:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Accidental

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 [signature] (Degree or title) Coroner
23b. ADDRESS 101 Main St Festus Mo
23c. DATE SIGNED 10/9/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1
24b. DATE 10/12/51
24c. NAME OF CEMETERY OR CREMATORY ST PETER & PAUL
24d. LOCATION (City, town, or county) COLUMBIA (State) ILL

DATE REC'D BY LOCAL REG. 10-9-51
REGISTRAR'S SIGNATURE Marie Farris 146 Al Dashner
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dupo Ill

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 10-12-51

OCT 17 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Daniel J Mahn

Signed.....
Student Embalmer

Licensed Embalmer No. 4326

P. O. Address De Soto, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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