

FILED OCT 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 362243

BIRTH NO. 11 REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4552 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <i>Wright</i>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Wright</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Mansfield</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Mansfield</i> 1149	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>Mansfield</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mansfield</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Sarah</i>	b. (Middle) <i>M.</i>	c. (Last) <i>CRAIN</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>9-27-51</i>
--	-------------------------	-----------------------	------------------------	--

5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan. 10, 1873</i>	9. AGE (In years last birthday) <i>78</i>	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) <i>invalid</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>invalid</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
---	---	--	--

13a. FATHER'S NAME <i>Samuel Reed</i>	13b. MOTHER'S MAIDEN NAME <i>Muhbauer</i>	14. NAME OF HUSBAND OR WIFE <i>Charles Crain</i>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Charles Crain, Mansfield</i>	ADDRESS <i>Mansfield</i>
---	-------------------------------------	--	-----------------------------

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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>4201</i>	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)
--	--	---

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 *viewed* the deceased *ON Sep 27, 1951*, to *1951*, that I last saw the deceased alive on *1951*, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Frank Noble acting coroner</i>	23b. ADDRESS <i>Mansfield, Mo.</i>	23c. DATE SIGNED <i>9-27-51</i>
---	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>9-28-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mansfield Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Mansfield, Mo.</i>
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <i>9/29/51</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Kelley Seprell-Bryman</i>	ADDRESS <i>[Address]</i>
--	---	--	-----------------------------

(Licensed Embalmer's Statement on Form No. 10)

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

County File Number 1091-105
Date Filed Oct. 27, 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.

Student
Student Embalmer

Signed: John G. Ferrell
.....

Licensed Embalmer No. 4847

P. O. Address Mansfield, 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.