

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u> <u>0043</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>627 FAIRGROUNDS AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>627 FAIRGROUNDS AVE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAVISA</u> b. (Middle) <u>MAY</u> c. (Last) <u>CREWS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 11-1952</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG 3-1921</u>	9. AGE (In years last birthday) <u>30</u>	10. MONTHS _____	11. DAYS _____	12. HOURS _____	13. MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>PHILIP L. MELAHN</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA LAURA PRATT</u>	14. NAME OF HUSBAND OR WIFE <u>FLOYD CREWS</u>
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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 date of service) <u>497-12-3896</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FLOYD CREWS</u>	ADDRESS <u>MEXICO</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkins Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>
	ANTECEDENT CAUSES Morbidity 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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>201X</u>
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? _____

22. I hereby certify that I attended the deceased from 3-30, 1951, to 1-11, 1952, that I last saw the deceased alive on 1-11, 1952, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest S. Gantt MD</u>	23b. ADDRESS <u>Mexico, Mo</u>	23c. DATE SIGNED <u>1-12-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-13-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Audrain Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 13-1952</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Arnold, Jr</u>	ADDRESS <u>Mexico Mo</u>
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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.

Student
Student Embalmer

Signed *Charles V. Greening*

Licensed Embalmer No. *4425*

P. O. Address *Miss 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.