

STANDARD CERTIFICATE OF DEATH

State File No. 25113

FILED AUG 11 1952

BIRTH NO.		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>4320</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Marion</u>		<u>0640</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give town)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)		0	
OR TOWN <u>Palmyra</u>		<u>3 yrs.</u>		OR TOWN <u>Palmyra</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>809 N. Main St.</u>				d. STREET ADDRESS (If rural, give location) <u>809 N. Main St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
<u>George</u>		<u>George</u>		<u>Ezra</u>		<u>Crane</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1952</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>26 December 1878</u>		9. AGE (In years last birthday) Months Days <u>73</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		IF UNDER 1 YEAR Hours Min.		IF UNDER 24 HRS. Hours Min.	
13a. FATHER'S NAME <u>John D. Crane</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Powell</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Jessie Mae Eisenberg</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Victor House, Palmyra, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		ANTECEDENT CAUSES				DUE TO (b) <u>Arteriosclerotic heart disease</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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"/>	
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>4200</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb</u> , 19 <u>52</u> , to <u>24 July</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1 July</u> , 19 <u>52</u> , and that death occurred at <u>3:30a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wyeth Hamlin</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Palmyra Mo.</u>		23c. DATE SIGNED <u>25 July 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>26 July 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Palmyra Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/25/52</u>		REGISTRAR'S SIGNATURE <u>By Viola Gee, Reg.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lewis Brothers - Palmyra, Mo.</u>			

(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED APR 3 1952
MARION CO. HEALTH DEPT.
APR 3 1952
APR 3 1952

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, 6/1/52

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed George M. Lewis

Licensed Embalmer No. 14851

P. O. Address Palmyra, Missouri

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.