S. No. 300
v. 10.48

FILED NOV 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38031

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4131 Registrar's No. 92

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

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avondale
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home — East Cates Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avondale, Mo. 0240
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle): J.
c. (Last): Crenshaw

4. DATE OF DEATH (Month) (Day) (Year): 11 - 15 - 52

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Nov. 24, 1906
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months 11, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ass't Ware House Mgr
10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Co-OP Distributor
11. BIRTHPLACE (State or foreign country): Chelsea, Okla. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jas. B. Crenshaw
13b. MOTHER'S MAIDEN NAME: Susie West
14. NAME OF HUSBAND OR WIFE: Lena Arthur Crenshaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 486-10-5618
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Walter Crenshaw, Avondale, Mo.

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) Squamous Cell Carcinoma Left Lung — INTERVAL BETWEEN ONSET AND DEATH: 2 years

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. 163 X

19a. DATE OF OPERATION: Aug 1950
19b. MAJOR FINDINGS OF OPERATION: Squamous Cell Ca. Left Lung upper Lobe
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1950, *to* Nov 15, 1952, *that I last saw the deceased alive on* Nov 15, 1952, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 0 M.
23b. ADDRESS: 2025 Smith No. K.C. Mo.
23c. DATE SIGNED: 11/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 11-17-52
24c. NAME OF CEMETERY OR CREMATORY: White Chapel Memorial Gardens
24d. LOCATION (City, town, or county): Clay Co. (State): Mo.

DATE REC'D BY LOCAL REG.: 11-17-52
REGISTRAR'S SIGNATURE: Beulah Kitchen 63 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: McComas Funeral Home Smithville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 S. A. McDonald

Signed.....
Student Embalmer

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.