

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25640

State File No.

FILED AUG 14 1953

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 278

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

1. PLACE OF DEATH a. COUNTY <u>Marion.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Ralls,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal, Missouri.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Center, Missouri.</u>	
c. LENGTH OF STAY (in this place) <u>2 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>_____ 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Davis Rest Home.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) _____ c. (Last) <u>Crohn.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July, 28, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>12-25-1864</u>		9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR: Months <u>7</u> Days <u>3</u> IF UNDER 48 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Monghau, Ireland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Oscar Crohn.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Irene Johnson Perry, M^O.</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 week</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>		DUPLICATE OF (a) <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.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE OF (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		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>Hannibal Marion Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 Aug 5, 19 to July 28, 1953, that I last saw the deceased alive on 7/26/53, 1953, and that death occurred at 9:45 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u> M.D.		23b. ADDRESS <u>Hannibal, Missouri.</u>		23c. DATE SIGNED <u>7/27/53.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-31-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Chapel Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ralls Co. Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	
DATE REC'D BY LOCAL REG. <u>8/1/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			

RECEIVED AUG 10 1953
MARION CO. HEALTH DEPT.
DATE FILED AUG 12 1953

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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Lawrence, 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.