

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5377

State File No.

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. 183 PRIMARY REG. DIST. NO. 4296 Registrar's No.

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Browning</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|------------------------------|--|--|---|---------------------------|------------------------------|---------------------------|--------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>Annettie</u> c. (Last) <u>Crawford</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>7</u> <u>54</u> | | | | | |
| 5. SEX <u>fe</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>April 23, 1857</u> | 9. AGE (In years last birthday) <u>96</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) / <u>Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? | | |

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|----------------------------------|--|-----------------------------|
| 13a. FATHER'S NAME <u>...</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha A Shuster</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Seaman</u> | ADDRESS <u>Browning</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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>2 years</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Semility</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4-2-54</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) |
| 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 attended the deceased from Jan 1, 1954, to March 7, 1954, that I last saw the deceased alive on March 6, 1954, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

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|---|------------------------------------|------------------|
| 23a. SIGNATURE (Degree or title) <u>J.R. Marts</u> <u>MD</u> | 23b. ADDRESS <u>Browning Mo</u> | 23c. DATE SIGNED |
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|--|----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3-9-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Humphrey</u> | 24d. LOCATION (City, town, or county) (State) <u>Humphrey Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Mar. 10 '54</u> | REGISTRAR'S SIGNATURE <u>Elna Crookshanks</u> <u>166</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wade Funeral Home</u> | ADDRESS <u>Browning</u> |
|--|---|--|----------------------------|

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

No. 300
10.48

VS JUL 11 1952

MAR 19 1954

MAY 14 1954

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 Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address Brownington

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.