

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8092**

BIRTH NO. **FILED APR 9 1954** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **98**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McBain MO	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) e 100	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chas E. Still Osteopathic Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Owen b. (Middle) Huston c. (Last) Crane			4. DATE OF DEATH (Month) (Day) (Year) April 6 - 54		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 18 - 1888		9. AGE (In years last birthday) 65		10. KIND OF BUSINESS OR INDUSTRY Farmer	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and State or Foreign Country) Easley MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Tinsley Owen Crane		13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Wilson		14. NAME OF HUSBAND OR WIFE Hermoine Pauley Owens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Wayne Isbell Crane ADDRESS Columbia 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Subphrenic Abscess DUE TO (c) Perforation of Ulcer Perforation Stomach			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 576X			

19a. DATE OF OPERATION 4/6/54		19b. MAJOR FINDINGS OF OPERATION Perforation of Ulcer Ovarum		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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 **3/17**, 19**54**, to **4/6**, 19**54**, that I last saw the deceased alive on **4/6**, 19**54**, and that death occurred at **6:55** a.m., from the causes and on the date stated above.

23. SIGNATURE James E. Stuffman D.O.		23b. ADDRESS Ashland, Mo		23c. DATE SIGNED 4/6/54	
24. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Burial March 5 1954		24c. NAME OF CEMETERY OR CREMATORY Nashville Cem.	
DATE REC'D BY LOCAL REG. April 8 - 54		REGISTRAR'S SIGNATURE R.P. Dorris MD		25. FUNERAL DIRECTOR'S SIGNATURE W.L. Burnett ADDRESS Ashland, Mo	

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

W^m C. Burnett

Licensed Embalmer No. *3564*

P. O. Address *Ashland, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.