

FILED APR 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11500**

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>68</u>		PRIMARY REG. DIST. NO. <u>4119</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Christian</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark</u>				c. LENGTH OF STAY (in this place) <u>25 Yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark</u>			
				d. STREET ADDRESS (If rural, give location) <u>Christian Co. Mo.</u>			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Thomas</u>	b. (Middle) <u>C.</u>	c. (Last) <u>Crain</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 4, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 30, 1874</u>	
9. AGE (In years last birthday) <u>79</u>				10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Arthur Crain</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Kershner</u>			14. NAME OF HUSBAND OR WIFE <u>Gussie Wills Crain</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>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe Crain, Ozark, Missouri</u>			
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) <u>Carcinoma, Epidermoid, of anterior neck</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1991</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)			
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 <u>20 Oct</u> , 19 <u>53</u> , to <u>4 Apr.</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2 Apr.</u> , 19 <u>54</u> , and that death occurred at <u>3 p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Rojor M.D.</u>				23b. ADDRESS <u>Ozark, Mo.</u>		23c. DATE SIGNED <u>14 Apr. 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 6, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Christian Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 16-1954</u>		REGISTRAR'S SIGNATURE <u>Louella Leonard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chaffin. Funeral Home</u>		ADDRESS <u>Ozark, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.