

FILED SEP 1 1954

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

State File No. 28566

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 442b Registrar's No. 90

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| 1. PLACE OF DEATH a. COUNTY <u>Polk County</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Fair Play, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Fair Play, Mo.</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>0840</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>R.</u> c. (Last) <u>Crain</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 16 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 27 1879</u> | 9. AGE (In years last birthday) Months Days Hours Min. <u>75</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Polk County, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | |

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| 13a. FATHER'S NAME <u>Franklin Crain</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Jane Southerland</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mrs Allie Crain</u> | |
| 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>Mrs Allie Crain, Fair Play, Mo.</u> | |
| | | | | ADDRESS | |

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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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute heart failure</u> | | <u>1 wk</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) | | <u>2 yrs</u> |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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>4222</u> |

| | | |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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>8/8</u> 19 <u>54</u> to <u>8/16</u> 19 <u>54</u> , that I last saw the deceased alive on <u>8/16</u> 19 <u>54</u> and that death occurred at <u>8:15 P.M.</u> , from the causes and on the date stated above. | | |

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| 23a. SIGNATURE <u>Doug C Merrow M.D.</u> | (Degree or title) | 23b. ADDRESS <u>Bolivar Mo</u> | 23c. DATE SIGNED <u>8/24/54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>8-20 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Akard Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Fair Play, Mo.</u> |

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| DATE REC'D BY LOCAL REG. <u>8-27-1954</u> | REGISTRAR'S SIGNATURE <u>Ralph Gorden</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo 258-0 Barker</u> | ADDRESS <u>Erwin - Blue, Fair Play - Mo.</u> |
|--|--|---|---|

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

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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

Willard B. Erwin

Licensed Embalmer No.

3092

P. O. Address

Bolivar 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.