

FILED NOV 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33502

State File No. 20

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4186 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		c. LENGTH OF STAY (In this place) <u>11 YRS</u>	c. CITY OR TOWN <u>SULLIVAN</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>219 DONALD</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>219 DONALD</u> <u>036/0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JANE</u> b. (Middle) <u>-</u> c. (Last) <u>CRABTREE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7 - 1954</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>MARCH 17, 1870</u>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Days <u>-</u> IF UNDER 12 MONTHS Days <u>-</u> Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>OHIO</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>THOMAS CRABTREE</u>		13b. MOTHER'S MAIDEN NAME <u>BETTY WISCHON</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPH CRABTREE</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JDA CRABTREE</u> ADDRESS <u>SULLIVAN, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Hypertension</u>		<u>5 years</u>	
		DUE TO (c) <u>Generalized arteriosclerotic Cardio-vascular disease</u>		<u>10 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/3 X</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 _____, 1954, to Nov. 7, 1954, that I last saw the deceased alive on Nov. 7, 1954, and that death occurred at 1:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Merle H. Peterson</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1024 N. Clark St. Sullivan, Mo.</u>		23c. DATE SIGNED <u>11/8/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/10/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW DILLARD CEMETERY STEELVILLE, MO.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>AM Eaton</u> ADDRESS <u>Sullivan, Mo.</u>		DATE REC'D BY LOCAL REG. <u>11/8/54</u> REGISTRAR'S SIGNATURE <u>Thomas A. Humphrey</u> 4-1650	

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~~ me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. A. Humphrey.....

Licensed Embalmer No. 4772

P. O. Address Sullivan

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.