

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9127

State File No. _____

FILED MAR 31 1955

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Polk 0841</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk 0841</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bolivar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bolivar</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died in the Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Maggie</u>	b. (Middle) <u>Alley</u>	c. (Last) <u>Crain</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 22, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 31, 1873</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <u>82</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaking</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John B. Matlock</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Huff</u>	14. NAME OF HUSBAND OR WIFE <u>Allen L. Crain</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Crain</u>	ADDRESS <u>Bolivar, Mo.</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>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myocarditis</u>		20. AUTOPSY? <u>334X</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from June 22, 1915, to March 22, 1955, that I last saw the deceased alive on March 22, 1955, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. C. McCann</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Bolivar, Mo.</u>	23c. DATE SIGNED <u>3-23-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March-24-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Akard Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fairplay, Polk Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar 24, 1955</u>	REGISTRAR'S SIGNATURE <u>Ralph G. Gardner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James P. ...</u>	ADDRESS <u>Bolivar, Mo.</u>
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(Licensed Embalmer's Certificate on Reverse Side)

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

S. No. 300
V. 10.48

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 Lidney G. Pitts

Licensed Embalmer No. 4939

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.