

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 9 1955

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5643 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>9 Miles west Concordia</u>		c. CITY OR TOWN <u>McBaine</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>---</u>		STREET ADDRESS (If rural, give location) <u>9 Miles West Concordia, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 40 West Concordia, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>Curtis</u> c. (Last) <u>Crane</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 28 55</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>1-12-52</u>		9. AGE (In years last birthday) <u>3</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>---</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>McBaine, Missouri Rt. 10</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Marian M. Crane</u>		13b. MOTHER'S MAIDEN NAME <u>Wilmoth L. Bennett</u>		14. NAME OF HUSBAND OR WIFE <u>Child</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>---</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marian Crane McBaine, Mo. Rt. 10</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		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>A nemid & colitis</u> DUE TO (c) <u>malnutrition</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Whooping cough. about 1 yr. ago never recovered from effects.</u>			
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)
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 Jan 12, 1952 to April 27, 1955 that I last saw the deceased alive on April 27, 1955, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Martin Sparks 2 DO</u>	23b. ADDRESS <u>311 Christian College Ave Columbia Mo</u>	23c. DATE SIGNED <u>4-28-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-29-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Union</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo Rural</u>
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DATE REC'D BY LOCAL REG <u>April 28, 1955</u>	REGISTRAR'S SIGNATURE <u>C. Layton W. Landrum</u>	154-0	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Loyman Sparks, Columbia, Mo</u>
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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.....
Signature of Student Embalmer

Signed *Ignatius Spurdle*
Licensed Embalmer No. *4013*
P. O. Address *Columbus*

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.