

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3543

No. 300

10.48

FILED JAN 31 1956

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 4502 Registrar's No. 11

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| 1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Puxico</u> | | c. LENGTH OF STAY (in this place) <u>9 Yrs.</u> | c. CITY OR TOWN <u>Puxico</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Puxico</u> | | No. STREET ADDRESS (If rural, give location) <u>Puxico</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Della</u> b. (Middle) _____ c. (Last) <u>Crabtree</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 20, 1956</u> | | |
| 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>March 21, 1887</u> | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 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>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Harrisburg, Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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| 13a. FATHER'S NAME <u>John Wesley Johnson</u> | 13b. MOTHER'S MAIDEN NAME <u>Emmie Frances McDonlad</u> | 14. NAME OF HUSBAND OR WIFE <u>Edward Newton Crabtree</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>X</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward N. Crabtree Puxico, Missouri</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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART FAILURE</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | 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. <u>4341</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | 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 11-14, 1955, to 1-20, 1956, that I last saw the deceased alive on 12-17, 1956, and that death occurred at 5:45A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Registrar title) <u>H. S. Smith</u> | 23b. ADDRESS <u>Puxico Mo</u> | 23c. DATE SIGNED <u>1-23-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial-Removal</u> | 24b. DATE <u>Jan. 22 '56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>1/26/56</u> | REGISTRAR'S SIGNATURE <u>Pearl Reed</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.S. Smith Funeral Home C'ville. Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *W. Dewey Pike*.....

Licensed Embalmer No. *4484*.....

P. O. Address *Canthelville*.....

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.