

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 21 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5820 Registrar's No. 9

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>New Madrid 0120</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Geniessett</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Widow Rural Anderson</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trach Orchard. 0780</u> | |
| c. LENGTH OF STAY (in this place) <u>3 hrs</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3</u> | | | |

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|--|--|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>BERNARD.</u> b. (Middle) <u>RAY</u> c. (Last) <u>CRABTREE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5-8-1956</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Be city) <u>Married</u> | |
| 8. DATE OF BIRTH <u>4-2-1909</u> | | 9. AGE (In years last birthday) <u>47</u> | | 10. F UNDER 1 YEAR Months _____ Days _____ | |
| 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 <u>none</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u> | |
| 12. CITIZEN OF WHAT COUNTRY | | 13a. FATHER'S NAME <u>John Crabtree</u> | | 13b. MOTHER'S MAIDEN NAME <u>Josephine Miller</u> | |
| 13c. NAME OF HUSBAND OR WIFE <u>Idella Crabtree</u> | | 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 15. SOCIAL SECURITY NO. _____ | |
| 16. INFORMANT'S SIGNATURE OR NAME <u>Idella Crabtree Trach Orchard Mo</u> | | 17. ADDRESS _____ | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | |

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|---|--|---|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | 19. MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Coronary Occlusion</u> | | ANTecedent CAUSES | | 5 min | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | Morbidity 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. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 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 <u>4-1-1956</u> to <u>5-7-1956</u> , that I last saw the deceased alive on <u>5-7-1956</u> , and that death occurred at <u>1:40 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Idella Crabtree</u> | | 23b. ADDRESS <u>Widow</u> | | 23c. DATE SIGNED <u>5-12-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>5-10-56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cem.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Near Charleston Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayd Russel Piggott</u> | | ADDRESS _____ | |

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>5-12-56</u> | | REGISTRAR'S SIGNATURE <u>Mrs S. J. Hopkins</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayd Russel Piggott</u> | |
| | | | | ADDRESS _____ | |

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

141
MAY 16 1956

DATE RECEIVED MAY 16 1956
NEW MADRID CO. HEALTH CENTER

P. J. S.

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 Gloyd Purcell

Licensed Embalmer No. 509 Ark.

P. O. Address Jiggatt, Ark.

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.