

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40298**

FILED NOV 23 1956

BIRTH NO. _____ REG. DIST. NO. **332** PRIMARY REG. DIST. NO. **3274** Registrar's No. **177**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Scott	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN Rural Richland	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Sikeston	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 61 W.		e. STREET ADDRESS (If rural, give location) 512 Smith Ave.	

3. NAME OF DECEASED (Type or Print) Donald Cepis Crane	a. (First) Donald b. (Middle) Cepis c. (Last) Crane	4. DATE OF DEATH (Month) (Day) (Year) 11-11-1956
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5. SEX Male	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept 1, 1928	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months 2 Days 10	IF UNDER 1 Wks. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chuggin	10b. KIND OF BUSINESS OR INDUSTRY Tobacco Service	11. BIRTHPLACE (City and State or Foreign Country) Clarksville, Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME D. C. Crane	13b. MOTHER'S MAIDEN NAME Bella Vow Gilder	14. NAME OF HUSBAND OR WIFE Mary Ellen Crane
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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) yes U.S.W. 2	16. SOCIAL SECURITY NO. 23-115-28141	17. INFORMANT'S SIGNATURE OR NAME Mary E. Crane ADDRESS Sikeston, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 0
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Skull Fracture, Broken Neck		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of left jaw - laceration forehead - DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		8164	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	26	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 61	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Richland Twp. 1st Scott Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-15-56 2:20 a.m.	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Two car collision

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:15 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Julius C. Ruckthausen - M.D. Health Officer -	23b. ADDRESS Benton Mo	23c. DATE SIGNED 11-16-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 11-13-1956	24c. NAME OF CEMETERY OR CREMATORY Farmers Rich. Cem.	24d. LOCATION (City, town, or county) (State) (Scott) Marley Mo
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DATE REC'D BY LOCAL REG. 11-16-56	REGISTRAR'S SIGNATURE Mrs. E. Hunter	25. FUNERAL DIRECTOR'S SIGNATURE Whitten Funeral Home ADDRESS Sikeston Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4290

DATE RECEIVED NOV 19 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1156-244

NOV 2 1958

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 J. Elgin McPherson
Licensed Embalmer No. 469
P. O. Address Chattanooga

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.