

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 31 1956

State File No. **40948**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **376**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Russellville.</b>	d. Is 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 <b>St. Marys Hospital</b>		• STREET ADDRESS (If rural, give location) <b>City 0261</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CECIL</b> b. (Middle) <b>RAY</b> c. (Last) <b>CRANE</b>			4. DATE OF DEATH <b>Dec. 24th 1956</b> (Month) (Day) (Year)		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 30th, 1923</b>	9. AGE (In years last birthday) <b>33</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>P.E. Fischer Elec Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Eldon, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>H.P. Crane</b>	13b. MOTHER'S MAIDEN NAME <b>Ida Harrison</b>	14. NAME OF HUSBAND OR WIFE <b>Virginie May Crane</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>498-14-1465</b>	17. INFORMANT'S SIGNATURE OR NAME <b>H.P. Crane Eterville, Mo.</b>	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Skull fracture c</b>		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) <b>intracranial laceration 2 hrs.</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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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.) <b>Shops, Eterville, Mo.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Jefferson City - Cole Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12 24-56 4:30</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto hits curb</b>
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22. I hereby certify that I attended the deceased from **Dec 24, 1956**, to **Dec 24, 1956**, that I last saw the deceased alive on **Dec 24, 1956**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. Daylan M.D.</b>	(Degree or title) _____	23b. ADDRESS <b>Jefferson City</b>	23c. DATE SIGNED <b>12-26-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 27th - 56</b>	24c. NAME OF CEMETERY OR CREMATOR <b>Mt. Pleasant</b>	24d. LOCATION (City, town, or county) (State) <b>Eldon, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>26 Dec 1956</b>	REGISTRAR'S SIGNATURE <b>R.P. Norris M.D. - M.R.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. ...</b>	ADDRESS <b>Russellville Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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REC-5-1-1978

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. M. Steffens*

Licensed Embalmer No. *2307*

P. O. Address *Russellville*

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.