

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

735

State File No. ....

FILED FEB 4 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 5312 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Clark's Fork</u> ) c. LENGTH OF STAY (in this place) <u>9 yrs</u>		c. CITY OR TOWN _____ d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD Boonville, Mo.</u>		STREET ADDRESS (If rural, give location) <u>RFD Boonville, Missouri</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>ANNA</u>	c. (Last) <u>LOUISE CRAIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30, 1957</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb. 28, 1873</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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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>Cooper County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ernest Honerbrink</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Isely</u>	14. NAME OF HUSBAND OR WIFE <u>James D. Crain</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Joe Crawford</u>	ADDRESS <u>Boonville, Mo.</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>Carcinoma of cervix uteri</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	ANTECEDENT CAUSES 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.  <u>171X</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>no operation, 2 radium treatments at St. Lab. Co. Hosp.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from January, 1953, to June, 1956, that I last saw the deceased alive on June 13, 1957, and that death occurred at 12 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hilda Reversway MD</u>	23b. ADDRESS <u>Boonville, Mo</u>	23c. DATE SIGNED <u>Jan 31, 1957</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb. 1/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Syracuse Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Syracuse, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-31-57</u>	REGISTRAR'S SIGNATURE <u>Virginia T. Higgins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B.W. Hacker</u>	ADDRESS <u>Boonville, Mo.</u>
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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 *Berry W. Thacher*.....

Licensed Embalmer No. *3944*.....

P. O. Address *Bronck*.....

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.