

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041054
STATE FILE NUMBER

FILED DEC 9 1958

Registration District No. 282 Primary Registration District No. 5977 Registrar's No. 137

X
5. 300
1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk 0841	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aldrich		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Aldrich Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi. South		Length of stay in lb Many years	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DOLLIE CRAIN			4. DATE OF DEATH Month Day Year Nov. 13 1958
5. SEX Female/	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-7-1885
9. AGE (In years birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sewage		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Wishart, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME David Comb	
13b. MOTHER'S MAIDEN NAME Elizabeth Davis		14. NAME OF HUSBAND OR WIFE Walter Crain	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address John Crain (Son) Walnut Grove, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing Head & Chest injuries Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Car Wreck on Hwy 123 DUE TO (c) near Aldrich, Mo. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH sudden
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car Wreck on Hwy 123 near	
20c. TIME OF INJURY Hour Month, Day, Year 3:45 11-13-58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) aldrich, mo.	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> AT WORK <input type="checkbox"/> OR AT HOME <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE 3 mi. So. Aldrich Polk Mo.	
21. I attended the deceased from <input checked="" type="checkbox"/> , to <input checked="" type="checkbox"/> and last saw her alive on <input checked="" type="checkbox"/> Death occurred at approx. 4:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Sidney Pitts - Coroner		22b. ADDRESS Polk Cr.	22c. DATE SIGNED Nov. 24-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-16-58	23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge
23d. LOCATION (City, town, or county) near Aldrich		23e. STATE Mo.	
24. FUNERAL DIRECTOR ADDRESS Brim - Samuel Walnut Grove, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 1957	26. REGISTRAR'S SIGNATURE Ralph Gordon per Jessell

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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 *George T. Samuel*

Licensed Embalmer No. *4702*
P. O. Address *Asheboro*

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.