

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010090

State File No.

REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 108

FILED APR 8 1959

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u> <u>05920</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>211 Liberia St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>211 Liberia St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>IRENE</u>	b. (Middle) <u>BLAND</u>	c. (Last) <u>CRAIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 4, 1959</u>
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5. SEX <u>White</u> <u>3</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 2</u>	8. DATE OF BIRTH <u>Aug. 2, 1886</u>	9. AGE (In years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	11. BIRTHPLACE (State or foreign country) <u>Chillicothe, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Chillicothe, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Allen Bland</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Reynolds</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Carr 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. <u>707-09-5229</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Crain; Chillicothe, Mo.</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCT.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adeno-Carcinoma Pancreas.</u>		<u>2-3 yrs.</u>
	DUE TO (c) <u>Generalized Sclerosis</u>		<u>4-5 yrs.</u>
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 <u>157X</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chillicothe, Mo.</u>
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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 3-18, 1959, to 4-4, 1959, that I last saw the deceased alive on 4-4, 1959, and that death occurred at 12:10 pm from the causes and on the date stated above.

23a. SIGNATURE <u>R. W. Matheny M.D.</u>	(Degree or title) <u>2</u>	23b. ADDRESS <u>Chillicothe, Mo.</u>	23c. DATE SIGNED <u>4/6/59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-6-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>North Colored</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7/6/59</u>	REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>NORMAN FUNERAL HOME: Chillicothe, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Eltan Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.