

ED VS NOV 16 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-039844

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Newton</u>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <u>West Plains</u>		c. CITY OR TOWN <u>West Plains</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>046/ 1040 Trace</u>	
NAME OF DECEASED (Type or print) First Middle Last <u>Darty Aquilla Crain</u>		4. DATE OF DEATH Month Day Year <u>10-28-59</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-5-1899</u>
9. AGE (In years last birthday) <u>80</u>		10. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (City and state or country) <u>Osage Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>A Crain</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Ledley</u>	
15. NAME OF HUSBAND OR WIFE <u>Yes</u>		16. SOCIAL SECURITY NO. <u>095 1598 1598</u>	
17. INFORMANT <u>Neice Hankamp, West Plains, Mo.</u>		18. NAME OF HUSBAND OR WIFE <u>Yes</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of GASTRO-Intestinal Tract, 6 weeks</u>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>159X</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Osteoarthritis, Chr. Swine, Emphysema, Chr. Cerebrovascular</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>West Plains, Mo.</u>		COUNTY STATE	
21. I attended the deceased from Death occurred at <u>11 Sept 59, to 28-10-59</u> and last saw him alive on <u>28-10-59</u> <u>10:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>West Plains, Mo.</u>	
22c. DATE SIGNED <u>6 Nov. 59</u>			
23a. BURIAL REMOVAL (Specify) <u>10-31-59</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Elk Creek</u>	
23c. LOCATION (City, town, or County) <u>West Plains Mo</u>		(State)	
24. GENERAL DIRECTOR <u>Robert M. Hain, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-9-59</u>	
26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>			

MAR 8 1960

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 *A. S. Roberts*

Licensed Embalmer No. *39*
P. O. Address *West*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.