URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 28 1960

-60-025565
STATE FILE NUMBER

NDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 130

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada — Length of stay in 1b: 2 Da.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: City Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Cedar
c. CITY OR TOWN: El Dorado Springs — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 203 S. Grand — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Frank Middle: Last: Crane
4. DATE OF DEATH: Month: June Day: 17 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-1-1885
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Cedar Co., Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Abijah Crane
13b. MOTHER'S MAIDEN NAME: Emma Ellerman
14. NAME OF HUSBAND OR WIFE: Addie Crane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Frank Crane, Address: El Dorado Spgs., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebro vascular accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-15-60, to 6-17-60 and last saw ~~her~~ him alive on 6-17-60
Death occurred at 6:18 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert L. Magee (Degree or title): M.D.
22b. ADDRESS: Robert L. Magee, M. D. El Dorado Springs, Missouri
22c. DATE SIGNED: 6-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-20-1960
23c. NAME OF CEMETERY OR CREMATORY: Love Cemetery
23d. LOCATION (City, town, or county) (State): Cedar Co., Missouri

24. FUNERAL DIRECTOR: Gwinn-Carothers, ADDRESS: El Dorado Spgs., Mo.
25. DATE RECD. BY LOCAL REG.: 6-22-1960
26. REGISTRAR'S SIGNATURE: Anna E. Ferry
(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Floyd E. Carothers

Licensed Embalmer No. 4419

P. O. Address El Dorado S

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