

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043259

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2310

AMENDED

DATE AMENDED  
12/6/61

INSTEAD OF

DOCUMENT

AKA Clara

3

BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Arkansas</b> COUNTY <b>Hempstead</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ellisville</b>		Length of stay in 1b <b>2 mo.</b>	c. CITY OR TOWN <b>Hope</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sunset Sanitarium</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last <b>Crayah AKA Clara Whitley</b>			4. DATE OF DEATH Month Day Year <b>November 21, 1961</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/9/1887</b>
9. AGE (last birthday) <b>74</b>		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) <b>Instructor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Civil Service</b>	11. BIRTHPLACE (City and state or country) <b>Bond Co., Ill.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13a. FATHER'S NAME <b>Allen Shaner</b>	
13b. MOTHER'S MAIDEN NAME <b>Margaret E. Coling</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT Address <b>Robert Anderson, 7716 Shirley Dr.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (b), (c), and (d). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Rheumatoid Arthritis</b> DUE TO (b) <b>Malnutrition</b> DUE TO (c) <b>left lower lobe Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>15 yrs</b> <b>3 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hstatus Nervosa</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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	COUNTY STATE
21. I attended the deceased from <b>Sept 1961</b> to <b>11/21/61</b> and last saw her alive on <b>11/19/61</b> Death occurred at <b>6:20 am</b> on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Martin G. Austin MD</b>		22b. ADDRESS <b>634 N Grand Blvd</b>	22c. DATE SIGNED <b>11/22/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11-24-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Montrose Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Greenville, Ill.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Albert H. Hoppe, Inc., 4700 Washington Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>11-22-61</b>	26. REGISTRAR'S SIGNATURE <b>John B. Murfley M.D.</b>

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 Elton St. Remelius  
 Licensed Embalmer No. 4283  
 P. O. Address St. Louis

**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 Elton St. Remelius  
 Licensed Embalmer No. 4283  
 P. O. Address St. Louis

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.