MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-020781
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 163

FILED MAY 27 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0648
2 0585
3
4 1
5 2
6
7 1
8 2
9 4200
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12 1-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Linn
c. CITY OR TOWN: Brookfield — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 619 Market st. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Katie Middle: F Last: Crandall

4. DATE OF DEATH: Month: May Day: 3 Year: 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Jan 26, 1873
9. AGE (last birthday): 90
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Poughkeepsie, N.Y
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Shadrack Griffith
13b. MOTHER'S MAIDEN NAME: Sophia Werner
14. NAME OF HUSBAND OR WIFE: Dalton Crandall

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: Mr. Lois Crandall LaGrange, Mo — Address:

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): Congestive heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerotic heart disease
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 3 May 1963, to 3 May 1963 and last saw her/him alive on Date Leaving Hospital
Death occurred at 11 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Virgil Hamlin M.D.
22b. ADDRESS: Hannibal Mo.
22c. DATE SIGNED: 5/7/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 5, 1963
23c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
23d. LOCATION (City, town, or county) (State): Brookfield, Mo.

24. FUNERAL DIRECTOR ADDRESS: J. KENNETH BAILEY LAGRANGE MO.
25. DATE RECD. BY LOCAL REG.: May 9, 1963
26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke by Lillian M. Lerman

(Licensed Embalmer's Statement on Reverse Side)

1963-X-3
1873-1-26
90-3-7

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 J Kenneth Bailey

Licensed Embalmer No. 454F

P. O. Address LaGrange, Me

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.

Permit issued 5/9/63