

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031275

STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. 5119 Registrar's No. 43

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59  
1 0100  
2 0109  
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DATE AMENDED  
INSTEAD OF  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
SHOULD READ  
ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

FILED SEP 11 1963

1. PLACE OF DEATH  
a. COUNTY Boone  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia Length of stay in 1b  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mile south Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Boone  
c. CITY OR TOWN Columbia Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 109 First Ave. Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last BILLY RAY CRANE  
4. DATE OF DEATH Month Day Year September 7, 1963

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 9-25-1943 9. AGE (last birthday) 19  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio & T.V. Repair 10b. KIND OF BUSINESS OR INDUSTRY Radio & T.V. Repair 11. BIRTHPLACE (City and state or country) Boone County, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William F. Crane 13b. MOTHER'S MAIDEN NAME Ellen Frances Latimer 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT William F. Crane, Columbia, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Extreme injuries of head & neck Interval BETWEEN ONSET AND DEATH Immed.  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)  
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.) Head-on collision of two cars on Highway 124 1 mi South of Centralia, Mo.

20c. TIME OF INJURY Hour Month, Day, Year ca 2:30 9-7-63

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.) Highway  
20f. CITY, TOWN, OR LOCATION COUNTY STATE Columbia, Mo. Boone County Missouri

21. I attended the deceased from Colours Case and last saw her alive on ca 2:30 A m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at

22a. SIGNATURE (Deceased or title) Richard E Johnson, M.D. 22b. ADDRESS Columbia, Mo. 22c. DATE SIGNED 9-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Sept. 9, 1963 23c. NAME OF CEMETERY OR CREMATORY Nashville Cemetery 23d. LOCATION (City, town, or county) Boone County, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo. 25. DATE RECD. BY LOCAL REG. Sept 9-1963 26. REGISTRAR'S SIGNATURE Maud M<sup>rs</sup> Bride

USE BLACK INK OR TYPEWRITER RIBBON

SEP 24 1963

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Permit issued Sept 9th 1963 77-213

**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. W. Phillips  
Licensed Embalmer No. 4497  
P. O. Address Columbia Mo

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.