

CERTIFICATE OF DEATH

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 959

DO NOT WRITE ON THIS STUB

9. 0  
10a. 64  
10b. 0  
11. 1  
12. 4109  
13. 4109  
14. 4  
15. 4  
16. 0  
17. 0  
18. 0  
19. CREDITS  
20. 3-0

VS 300  
Rev. 1/70

4. 0109  
5. 01

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

60109

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST <b>1. HENRY MERRILL CRANE</b>			SEX <b>2. Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3. December 14, 1970</b>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>4. White</b>		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS <b>5a. 64</b>	UNDER 1 YEAR MOS. DAYS <b>5b.</b>	UNDER 1 DAY HOURS MIN. <b>5c.</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>6. Sept. 19, 1906</b>	
CITY, TOWN, OR LOCATION OF DEATH <b>7a. Columbia</b>			INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>7c. Yes</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>7d. Boone County Hospital</b>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>8. Missouri</b>		CITIZEN OF WHAT COUNTRY <b>9. U.S.A.</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>10. Married</b>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>11. Vera Ballenger</b>
SOCIAL SECURITY NUMBER <b>12. 490-07-2042</b>			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>13a. Insurance</b>		KIND OF BUSINESS OR INDUSTRY <b>13b.</b>	
RESIDENCE—STATE <b>14a. Missouri</b>	COUNTY <b>14b. Boone</b>	CITY, TOWN, OR LOCATION <b>14c. Columbia</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>14d. Yes</b>	STREET AND NUMBER <b>14e. 1801 University Ave.</b>	
FATHER—NAME FIRST MIDDLE LAST <b>15. D. W. Crane</b>			MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>16. Roxie Lee Fortney</b>			
INFORMANT—NAME <b>17a. Mrs. Henry M. Crane</b>			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>17b. 1801 University Ave, Columbia, Mo. 65201</b>			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) <i>Ventricular fibrillation</i>						<i>5 minutes</i>
DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Myocardial infarction</i>						<i>1 day</i>
DUE TO, OR AS A CONSEQUENCE OF: (c) <i>Generalized arteriosclerosis</i>						<i>unknown</i>
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) <i>Basiloventricular hemorrhage</i>						AUTOPSY (YES OR NO) <b>19a. NO</b>
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <b>19b.</b>						
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) <b>20a.</b>	DATE OF INJURY (MONTH, DAY, YEAR) <b>20b.</b>	HOUR <b>20c.</b>	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) <b>20d.</b>			
INJURY AT WORK (SPECIFY YES OR NO) <b>20e.</b>	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <b>20f.</b>	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) <b>20g.</b>			IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS <b>20h.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <b>21a. Jun 27 1970</b> TO <b>21b. DEC 14 1970</b>		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR <b>21c. DEC 14 1970</b>		I DID/DID NOT VIEW THE BODY AFTER DEATH. <b>21d. D.O</b>		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. <b>21e. 3:00 P M.</b>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. <b>22a.</b>						
CERTIFIER—NAME (TYPE OR PRINT) <b>23a. Sidlee W. Leeper, M.D.</b>			SIGNATURE <i>Sidlee W. Leeper M.D.</i>		DEGREE OR TITLE <b>23c. M.D.</b>	
MAILING ADDRESS—CERTIFIER <b>23d. 1504 E. Broadway Columbia, Missouri 65201</b>			CITY OR TOWN <b>23e. Columbia</b>		STATE <b>23f. Missouri</b>	
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>24a. Burial</b>		CEMETERY OR CREMATORY—NAME <b>24b. Memorial Park Cemetery</b>		LOCATION CITY OR TOWN STATE <b>24c. Columbia, Missouri</b>		
DATE (MONTH, DAY, YEAR) <b>24d. Dec. 16, 1970</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>24e. Parker Funeral Service, 10th &amp; Walnut, Columbia, Mo. 65201</b>				
FUNERAL DIRECTOR—SIGNATURE <i>Tom M. Harg</i>		REGISTRAR—SIGNATURE <i>Miss H.E. Padgett</i>		DATE RECEIVED BY LOCAL REGISTRAR <b>24f. Dec. 15 1970</b>		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 Ray P. Brown

Licensed Embalmer No. 5326

P. O. Address Cumby Mt.

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.