S. No. 300
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FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2190

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 110

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 1514 Fulton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion 64
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 3 4
d. STREET ADDRESS (If rural, give location): 1514 Fulton 0

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Amanda Francis Crane

4. DATE OF DEATH (Month) (Day) (Year): March 28, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 23, 1871
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 7 Days 6 — IF UNDER 24 HRS.: 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: None
11. BIRTHPLACE (State or foreign country): Wayne County West Virginia
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Henderson Picket
13b. MOTHER'S MAIDEN NAME: Tamsy Jane Endicott
14. NAME OF HUSBAND OR WIFE: James Tipton Crane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Florence Carenen 1514 Fulton

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

444X

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* about 11 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E M Lucke M.D. Heart Office
23b. ADDRESS: Court House
23c. DATE SIGNED: 3-30-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/31/49
24c. NAME OF CEMETERY OR CREMATORY: Little Union Marion Co. Mo.
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 3-30-49
REGISTRAR'S SIGNATURE: H C Fischer / E M Lucke Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Crawford Smith
ADDRESS: Hannibal Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed W. Crawford Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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 this body is not embalmed, fact should be so stated above.