

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16608**

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>183</u>		
1. PLACE OF DEATH a. COUNTY <u>Marion.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls, Mo.</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal, Missouri.</u>		c. LENGTH OF STAY (In this place) <u>2 Days.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ruarl (Saltriver Township)</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Levering Hospital.</u>				d. STREET ADDRESS (If rural, give location) <u>Perry, Missouri R.F.D.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u>			b. (Middle)		c. (Last) <u>Crohn.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-17-49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 15, 1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Hamburg, Germany, #</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Fred Crohn</u>			13b. MOTHER'S MAIDEN NAME <u>Marie Ehorst.</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Crohn.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Irene Johnson</u>		ADDRESS <u>Perry, Mo.</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>				DUPLICATE				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>								
DUE TO (c)								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>1221</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>May 16, 1949</u> , to <u>May 17, 1949</u> , that I last saw the deceased alive on <u>May 17, 1949</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>D. J. Handley M.D.</u>				23b. ADDRESS <u>Hannibal, Missouri.</u>		23c. DATE SIGNED <u>5-23-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-20-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Chapell</u>		24d. LOCATION (City, town, or county) (State) <u>Ralls County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-25-49</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		EMERAL DIRECTOR'S SIGNATURE <u>Clyde C. Wiley</u>		ADDRESS <u>Perry, Mo.</u>		

(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.

Student
Student Embalmer

Signed Olyde C. Wisbey

Licensed Embalmer No. 3820

P. O. Address Perry, 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 this body is not embalmed, fact should be so stated above.