

FILED JUN 20 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18636

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 649
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buch.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 80 yrs.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1111 Grand, Avenue		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		
3. NAME OF DECEASED (Type or Print) a. (First) Adeline b. (Middle) Rebecca c. (Last) Crull		4. DATE OF DEATH (Month) (Day) (Year) June 1, 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 24, 1862	9. AGE (In years last birthday) 86 # UNDER 1 YEAR Months # UNDER 24 HRS. Hours # UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Andrew County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Martin VanSchoiack		13b. MOTHER'S MAIDEN NAME Lydia Cox		14. NAME OF HUSBAND OR WIFE Rolley B.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Earl Rough-St. Joseph, Mo.
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) FRACTURE RT HIP ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) --- 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 10 DAYS 89030 20
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST. JOSEPH BUCHANAN MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) MAY 21 1949 5:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? SLIPPED ON FLOOR 131
22. I hereby certify that I attended the deceased from 21 MAY, 1949, to 1 JUNE, 1949, that I last saw the deceased alive on 31 MAY, 1949 and that death occurred at 5:30 p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Clemon R. [Signature]		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 3 JUNE 49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/4/49		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.				
DATE REC'D BY LOCAL REG. June 14, 1949		REGISTRAR'S SIGNATURE G. B. Jenkins 352		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stamey Funeral Home - St. Joseph, Mo.

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

Charles M. Hansen

Signed.....

Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.