

FILED DEC 15 1949  
70275-49

STANDARD CERTIFICATE OF DEATH

State File No. 36303

BIRTH NO. 803 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 299

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	
c. LENGTH OF STAY (In this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>621 N 7th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Margaret Louise Crane</u>	a. (First) <u>Margaret</u>	b. (Middle) <u>Louise</u>	c. (Last) <u>Crane</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 27 1949</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>X</u>	8. DATE OF BIRTH <u>Nov 27 1949</u>	9. AGE (In years last birthday) <u>16</u> If UNDER 1 YEAR Months <u>0</u> Days <u>16</u> If UNDER 1 HR. Hour <u>16</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Baby</u>	11. BIRTHPLACE (State or foreign country) <u>Boone Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>H. H. Crane</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Powell</u>	14. NAME OF HUSBAND OR WIFE <u>X X</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>X</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H. H. Crane</u> ADDRESS <u>Columbia Mo</u>
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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, athermia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity 20 weeks gestation</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>7.5 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Partial separation of placenta</u>		
	DUE TO (c) <u>Placenta</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov. 27 1949, to Nov. 27, 1949, that I last saw the deceased alive on Nov. 27, 1949, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James M. DeShields</u> (Degree or title)	23b. ADDRESS <u>Columbia Mo</u>	23c. DATE SIGNED <u>Nov 28, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Union</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia Route Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 5 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	31	25. FUNERAL DIRECTOR'S SIGNATURE <u>T. O. W. [unclear]</u> ADDRESS <u>Columbia</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 14 1949  
District Health Officer No. 9  
District File Number

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lynard W. Sprinkle

Licensed Embalmer No. 4013

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