

FILED DEC 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *D. V. English* **36798**

BIRTH NO. _____ REG. DIST. NO. *108* PRIMARY REG. DIST. NO. *5423* Registrar's No. *27*

1. PLACE OF DEATH a. COUNTY <i>Dunklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Dunklin</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Smith Rural</i>		c. LENGTH OF STAY (in this place) <i>3 wks</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>none</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Smith Rural</i>	
		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <i>Donnie</i> a. (First) b. (Middle) c. (Last) <i>Crabb</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 18, 1949</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Feb 24, 1920</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 MRS. Hours Min. <i>23</i>	
<i>Infant</i>	<i>Infant</i>	11. BIRTHPLACE (State or foreign country) <i>Paragould, Ark. 1</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Vertust Crabb</i>	
13b. MOTHER'S MAIDEN NAME <i>Utha Moody</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
		17. INFORMANT'S SIGNATURE OR NAME <i>Vertust Crabb</i> ADDRESS <i>Smith Mo</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Spina Bifida with Myelocela</i>		INTERVAL BETWEEN ONSET AND DEATH <i>22 days</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <i>10-24-49</i> , 19___, to <i>11-13</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>11-10</i> , 19 <i>49</i> , and that death occurred at <i>3 P</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>D. V. English M.D.</i> (Degree or title)		23b. ADDRESS <i>Cardwell, Mo.</i>	
23c. DATE SIGNED <i>12-2-49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>11/15/49</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>McGraw Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Smith, Mo Rural</i>	
DATE REC'D BY LOCAL REG. <i>12-5-49</i>		REGISTRAR'S SIGNATURE <i>Mrs. J. N. Laniel</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>McDaniel Funeral Service Inc</i>		ADDRESS <i>Smith, Mo</i>	

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

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Rec. DUNKLIN COUNTY HEALTH DEPARTMENT
KENNETT, MISSOURI 12-6

County File No. 1249-17

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 _____

(Signature)

Signed _____
Student Embalmer

Licensed Embalmer No. 4466

P. O. Address Sumner, 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.