

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

4069

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 51

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Polk</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton mo</u> | c. LENGTH OF STAY (In this place) <u>254.92, 1st</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boliver, mo 841</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u> | | d. STREET ADDRESS (If rural, give location) <u>Utah</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Eunice</u> b. (Middle) <u>?</u> c. (Last) <u>Crain</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2 / 18 / 1950</u> | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Utah</u> | 8. DATE OF BIRTH <u>Utah</u> |
| 9. AGE (In years: last birthday) <u>41</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Utah</u> | 11. BIRTHPLACE (State or foreign country) <u>Utah</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Utah</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
| 13a. FATHER'S NAME <u>Henry Crain</u> | | 13b. MOTHER'S MAIDEN NAME <u>Utah</u> | 14. NAME OF HUSBAND OR WIFE <u>Utah</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Utah</u> | | 16. SOCIAL SECURITY NO. <u>Utah</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State Hospital No 1 Fulton</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of uterus</u> 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. <u>Lung metastasis</u> | |
| 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) | 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 <u>Nov 1948</u> to <u>18 Feb 1950</u> , that I last saw the deceased alive on <u>18 Feb 1950</u> , and that death occurred at <u>3:15 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>G.S. Waraich</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Fulton, Mo</u> | 23c. DATE SIGNED <u>18 Feb 50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb 20, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sharkskin</u> | 24d. LOCATION (City, town, or county) (State) <u>Boliver</u> |
| DATE REC'D BY LOCAL REG. <u>Feb 18-1950</u> | REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> | 426 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boliver</u> <u>Surpin Funeral Home mo</u> |

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

RECEIVED FEB 27 1950
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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Charles E. Gof

Licensed Embalmer No. 4610

P. O. Address Bolivar, 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.