

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4097

BIRTH NO. _____ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 5174 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olimas Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olimas Springs Mo</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>Box 10150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>J.B. Crenshaw Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Willison</u> c. (Last) <u>Crenshaw</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24 - 1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 31 - 1864</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Stover, Morgan Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Abner Crenshaw</u>	13b. MOTHER'S MAIDEN NAME <u>Christean</u>	14. NAME OF HUSBAND OR WIFE <u>Vivie Francis Richerson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J.B. Crenshaw</u> ADDRESS <u>Same</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>1 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Insufficiency</u>		
	ANTECEDENT CAUSES Morbidity 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>4/0X</u>	

19a. DATE OF OPERATION <u>None</u>	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) 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 Dec 1949, to Feb 1950, that I last saw the deceased alive on Jan 1950, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. C. Leibon M.D.</u> (Degree or title)	23b. ADDRESS <u>Camden, Mo.</u>	23c. DATE SIGNED <u>3-1-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb 25-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Naughtery</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-1-50</u>	REGISTRAR'S SIGNATURE <u>E. J. Myers M.D.</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Bankrow - Woolery</u> ADDRESS <u>Camden, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

150

RECEIVED
District Health Officer No. 7,
District File Number 2-50-2123
Date Filed 3-14-50

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

Abbie Banks Woolery

Signed.....
Student Embalmer

Licensed Embalmer No. 2488

P. O. Address Camden, Md.

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.