

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5117

FILED MAR 2 1950

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5-572		Registrar's No. 36	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY JACKSON		a. STATE MISSOURI		b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.R.#2 Lee's Summit		c. LENGTH OF STAY (in this place) 19 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-OUTER BELT ROAD & RAYTOWN			
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R.#2 OUTER BELT & RAYTOWN				d. STREET ADDRESS (If rural, give location) R.R.#2 LEE'S SUMMIT 0420			
3. NAME OF DECEASED			4. DATE OF DEATH			5. (Month) (Day) (Year)	
a. (First) FANNIE		b. (Middle) BELLE		c. (Last) LINVILLE CRABTREE		FEBRUARY-16-1950	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MARCH-29-1868	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) DAVIS COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? YES	
13a. FATHER'S NAME THOMAS LINVILLE		13b. MOTHER'S MAIDEN NAME MARY THOMAS		14. NAME OF HUSBAND OR WIFE JAMES R. CRABTREE			
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 AND ADDRESS Mrs. Edith M. Ryan R.R.#2 Lee's Summit Mo.			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular Renal Disease (b) ANTECEDENT CAUSES (c) DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) DUE TO (c) 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			
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 Feb 4, 1950, to Feb. 16, 1950, that I last saw the deceased alive on Feb 16, 1950, and that death occurred at 10:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Clint E. Miller M.D.				23b. ADDRESS Lee's Summit - Mo.		23c. DATE SIGNED 2-17-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB-20-1950		24c. NAME OF CEMETERY OR GREGMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 2-18-50		REGISTRAR'S SIGNATURE Donald C. Earnest 378		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D.W. NEWCOMER'S SONS 1331 BRUSH CREEK K.C. MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 2 1950
FEB 23 RECD

5-1

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 *W. J. Noflinger*

Licensed Embalmer No. *9838*

P. O. Address *Kansas City, 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.