

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27825

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 597 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN "Rural" Marion Twp.)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Marion Twp. <u>0840</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Rt. 2, Bolivar</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ada</u>	b. (Middle) <u>Minnie</u>	c. (Last) <u>Crain</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>August</u> <u>24</u> <u>1950</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 12, 1898</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Polk County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Rufus K. Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Unk.</u>	14. NAME OF HUSBAND OR WIFE <u>Clay Stanley Crain</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jennie Ryan</u>	ADDRESS <u>Bolivar, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Medullary Paralysis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spontaneous Subarachnoid Hemorrhage</u> <u>Increased Intracranial Pressure</u> DUE TO (c) <u>High Blood Pressure</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Over 300 mm. Mercury</u>		<u>331X</u>	

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 Aug 24, 1950, to Aug 27, 1950, that I last saw the deceased alive on Aug 27, 1950, and that death occurred at 6:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. A. Dumbrey, M.D.</u> (Degree or title)	23b. ADDRESS <u>Bolivar, Mo.</u>	23c. DATE SIGNED <u>8-24-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Aug. 27, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Enon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Polk County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Aug 26, 1950</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>258 Turpin Funeral Home</u>	ADDRESS <u>Bolivar, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

5840

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED AUG 30 1950

Dist. File 850-1847

Date Filed Aug 30, 1950

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *W. S. ...*
Student Embalmer No.

Licensed Embalmer No. 3053

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.