

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31315**
Registrar's No. **112**

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3054		Registrar's No. 112	
1. PLACE OF DEATH a. COUNTY Pike County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Missouri			
b. CITY (If outside corporate limits, write RURAL and give township) Louisiana		c. LENGTH OF STAY (in this place) 6 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Elsbey, Mo		0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bellevue Hosp.				d. STREET ADDRESS 1			
3. NAME OF DECEASED (Type or Print) LIPSCOMB WASHAM CRANK			4. DATE OF DEATH (Month) (Day) (Year) 10-7-1950				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan 29-1862	9. AGE (in years last birthday) 88	10. HOURS OF UNDER 1 YEAR 85	11. HOURS OF UNDER 1 MTH. 85	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) insurance agent		10b. KIND OF BUSINESS OR INDUSTRY insurance		11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James L. Crank		13b. MOTHER'S MAIDEN NAME Susand. Forquren		14. NAME OF HUSBAND OR WIFE Mrs Cora Cox St. Louis, Mo			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs Cora Cox			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Froster hip DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6:40:30 21	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Intra capsular fracture of hip				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Elsbey, Mo 57			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-13-50 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Pt. Falls			
22. I hereby certify that I attended the deceased from 9-13, 1950 , to 10-7, 1950 , that I last saw the deceased living on 10-6, 1950 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature]				23b. ADDRESS Louisiana, Mo.		23c. DATE SIGNED 10-7-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10/9/50		24c. NAME OF CEMETERY OR CREMATORY Elsbey Cemetery		24d. LOCATION (City, town, or county) (State) Elsbey, Mo	
DATE REC'D BY LOCAL REG. Oct 7, 1950		REGISTRAR'S SIGNATURE Bernice Collier		374		25. FUNERAL DIRECTOR'S SIGNATURE Clifton Miller	
						ADDRESS Elsbey, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 13 1950

Date Received: OCT 11 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-16
Date Filed: OCT 11 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 18/7/50

working under my personal supervision.

Student Embalmer No.

Signed

Clifton Miller

Signed.....

Student Embalmer

Licensed Embalmer No. 3364

P. O. Address Elkton, 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.