

FILED OCT 23 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 34114

BIRTH NO. 39708-50 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 353

1. PLACE OF DEATH a. COUNTY <i>Marion</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Shelby</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Hannibal</i>		c. LENGTH OF STAY (In this place) <i>2 days</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Elizabeth Hospital</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural - Black Creek</i>	
3. NAME OF DECEASED a. (First) <i>Virgil</i> b. (Middle) <i>LEE</i> c. (Last) <i>CRABTREE</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 14-1950</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>May 31-1950</i>
9. AGE (In years last birthday) <i>4</i> IF UNDER 1 YEAR Months <i>4</i> Days <i>14</i> IF UNDER 12 HOURS <i>14</i> Mins.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY <i>✓</i>		11. BIRTHPLACE (State or foreign country) <i>Shelby Mo</i>	
13a. FATHER'S NAME <i>Everett Crabtree</i>		13b. MOTHER'S MAIDEN NAME <i>Bonnie Sherwood</i>	
14. NAME OF HUSBAND OR WIFE <i>✓</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Everett Crabtree Shelbyville Mo</i>	
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) <i>Bronchial Pneumonia bacterial</i> ANTECEDENT CAUSES Aetiological conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>bacteria specific organisms</i> DUE TO (c) <i>not identified</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>(Suppressed)</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <i>Oct. 13</i> , 19 <i>50</i> , to <i>Oct. 14</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>Oct. 14</i> , 19 <i>50</i> , and that death occurred at <i>12:00 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>W. L. Cannon</i>		23b. ADDRESS <i>1001 Hwy, Hannibal, Mo.</i>	
23c. DATE SIGNED <i>10-16-50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>Oct. 15-1950</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>I.O.O.F. Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Shelbyville Mo</i>	
DATE REC'D BY LOCAL REG. <i>10-16-50</i>		REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucero</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>E. P. Thompson</i>		ADDRESS <i>Shelbyville, Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 19 1950  
MORRISON CO. HEALTH DEPT.  
CASE FILED OCT 20 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed..... *E. P. Thompson* .....

Licensed Embalmer No. *1632* .....

P. O. Address *Shelbyville, Mo.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.