

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2120

State File No. ....

FILED FEB 7 1951

BIRTH NO. .... REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Pike Co. Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green 0870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>South Corner</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>James</u>	b. (Middle) <u>L</u>	c. (Last) <u>Crane</u>	(Month) <u>Jan.</u>	(Day) <u>22</u>	(Year) <u>1951</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>3-6-1869</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR
		<u>Married</u>			Months <u>9</u>	Days <u>16</u>	Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work during last of working life, even if retired) <u>Lumber Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Marion Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Isaac Crane</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Meyers</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Elizabeth Crane</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dora Crane</u> ADDRESS <u>Bowling Green</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, asthma, 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 Myocarditis</u>				<u>10 days?</u>
ANTECEDENT CAUSES	DUE TO (b) <u>Cardiac Hypertrophy</u>			<u>443x</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Chronic Hypertensive Arterio Sclerosis</u>			
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Jan. 12, 1951 to Jan 22, 1951, that I last saw the deceased alive on Jan. 22, 1951, and that death occurred at 5:25 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Robert L. Ludrae M.D.</u> (Degree or title)	23b. ADDRESS <u>216 Georgia St Louisiana Mo</u>	23c. DATE SIGNED <u>1-22-51</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-24-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Farber</u>	24d. LOCATION (City, town, or county) (State) <u>Farber Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan 24, 1951</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Elmore</u> ADDRESS <u>Bowling Green</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received 1/ - 21 - 51  
DISTRICT HEALTH OFFICE #2  
District File Number 2-51-32  
Date Filed: FEB 6 1951

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 M. B. Moore

Licensed Embalmer No. 3466

P. O. Address Bowling Green 9

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.