

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
 FILED APR 11 1951 STANDARD CERTIFICATE OF DEATH

State File No. **7451**

BIRTH NO. _____		REG. DIST. NO. <u>12</u>		PRIMARY REG. DIST. NO. <u>5046</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Barry</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Crane Creek"</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Crane Creek #1</u>		0050		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u> b. (Middle) <u>E</u> c. (Last) <u>Marion</u>			4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>15</u> (Year) <u>1951</u>					
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>Jan 13 - 1880</u>		
9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR Months <u>1</u> Days <u>2</u>		11. UNDER 18 HRS. Hours <u></u> Min. <u></u>				
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>Lancaster Co. Mo. D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alce Parker</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Hayes</u>			14. NAME OF HUSBAND OR WIFE <u>Larry Marion</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Larry Marion Crane Mo.</u> ADDRESS				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis.</u> 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 <u>6 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>1938</u> , to <u>Feb-15, 1951</u> , that I last saw the deceased alive on <u>Feb 6, 1951</u> , and that death occurred at <u>4:30 A. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>A. P. Caputo</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Laura, Mo.</u>			23c. DATE SIGNED <u>2-21-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial D</u>		24b. DATE <u>2/15/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Crane Mo</u>		
DATE REC'D BY LOCAL REG. <u>4-9-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. Gene Hudson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. H. Mauldin Crane Mo.</u> ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~only~~

working under my personal supervision.

Student Embalmer No.....

Signed

*Henry H. Manlove*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3827*

P. O. Address *Crom 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.