S. No. 300
v. 10.48

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FILED APR 4 1951

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7709

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5167 Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hatton, Mo
c. LENGTH OF STAY (In this place): 7 Mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hatton, Mo.
d. STREET ADDRESS (If rural, give location): West Limit of Hatton, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Basil
b. (Middle):
c. (Last): Crews

4. DATE OF DEATH (Month) (Day) (Year): Mar. 23-1951

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 1876
9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Callaway Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edward Crews
13b. MOTHER'S MAIDEN NAME: Mattie Craig
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Hazel Lewis
ADDRESS: Auxvasse Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Was found dead, lived alone
DUE TO (c) had heart trouble about 1 yr.

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:
4201
20. AUTOPSY? YES ☐ NO ☒

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): Liberty Twp (COUNTY): Callaway (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: W. L. Garrett (Degree or title): Coroner
23b. ADDRESS: Fulton, Mo.
23c. DATE SIGNED: 3/26/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 26-51
24c. NAME OF CEMETERY OR CREMATORY: New Richland
24d. LOCATION (City, town, or county): Callaway Co. (State): Mo.

DATE REC'D BY LOCAL REG.: Mar. 26-1951
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE: Eli Bell
ADDRESS: Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 2 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....
JUN 7 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 Harry T. Bell, Student Embalmer No. 403, working under my personal supervision.

Student Harry T. Bell
Student Embalmer

Signed Eli Bell

Licensed Embalmer ~~No.~~ 2130

P. O. Address Fulton, 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.