

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 582

1. PLACE OF DEATH a. COUNTY <u>Quehanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph Mo 240462</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph 0117</u>	
c. LENGTH OF STAY (In this place) <u>240462</u>		d. STREET ADDRESS (If rural, give location) <u>2823 So 23rd St Joseph Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 2</u>			

3. NAME OF DECEASED a. (First) <u>Edith</u> (Type or Print)		b. (Middle) _____		c. (Last) <u>Crenshaw</u>		4. DATE OF DEATH (Month) <u>5</u> (Day) <u>28</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>1-22-1888</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home wife at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		9. AGE (In years last birthday) <u>63</u>	
				11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	

13a. FATHER'S NAME <u>David Butts</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Amanda Howard</u>		14. NAME OF HUSBAND OR SPOUSE <u>William Crenshaw</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>nil</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Crenshaw</u>	
				ADDRESS <u>St Joseph Mo</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>2 yrs</u>	
		DUE TO (c) _____			
		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 <u>4221</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?	

22. I hereby certify that I attended the deceased from Jan 1st 1951, to 5-28, 1951, that I last saw the deceased alive on 5-27, 1951, and that death occurred at 2:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl C. Cash</u> (Degree or title)		23b. ADDRESS <u>State Hospital # 2</u>		23c. DATE SIGNED <u>5-28-1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/31/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u>	
DATE REC'D BY LOCAL REG. <u>May 31, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cash</u>		24d. LOCATION (City, town, or county) (State) <u>St Joseph Missouri</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bowman</u>		ADDRESS <u>Sumner Home, St. Joseph, Mo.</u>	

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

1961 01 701

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 \_\_\_\_\_

Kenneth E. Hayes  
working under my personal supervision.

Student Embalmer No. .... 428 .....

Signed..... Kenneth E. Hayes  
Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address 3195 10th Street

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.