No. 300
10-48

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

FILED JUL 18 1951

STATE BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

State File No. 22057

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 186

100
1

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place): 34 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
d. STREET ADDRESS (If rural, give location): Rural Route 3

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

4. DATE OF DEATH (Month) (Day) (Year): July 10th 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 15 1884
9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months: 2 Days: 24
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: Farming
11. BIRTHPLACE (State or foreign country): Boone Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jos W. Crane
13b. MOTHER'S MAIDEN NAME: Mollie E Stephens
14. NAME OF ~~HUSBAND OR~~ WIFE: Mary Crane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Mary Crane
ADDRESS: Columbia R3

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) Uremia — 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) Nephrosclerosis
DUE TO (c) Arteriosclerosis, generalized

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: 446X
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) (COUNTY) (STATE)
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* July 3, 1951, *to* July 9, 1951, *that I last saw the deceased alive on* July 9, 1951, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: LeRoy J. Mueller
(Degree or title): M.D.
23b. ADDRESS: Columbia Mo
23c. DATE SIGNED: 12 July 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 11th 1951
24c. NAME OF CEMETERY OR CREMATORY: Nashville Cem
24d. LOCATION (City, town, or county) (State): Boone Co Mo

DATE REC'D BY LOCAL REG.: July 13 1951
REGISTRAR'S SIGNATURE: Mrs R.E. Palmer
25. FUNERAL DIRECTOR'S SIGNATURE: R. O. Wreath
ADDRESS: Columbia Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-17-51
DISTRICT HEALTH OFFICE No. 3
District File Number.....
Date Filed 7-17-51

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~~.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Lyman H. Shunkle

Signed.....
Student Embalmer

Licensed Embalmer No. 4613

P. O. Address Columbia, 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.