

FILED JUL 23 1951

## STANDARD CERTIFICATE OF DEATH

25884

State File No. ....

070

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

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>6139</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>Shelby</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Black Creek</u>		c. LENGTH OF STAY (In this place) <u>40 minutes</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Black Creek</u>		d. STREET ADDRESS (If rural, give location) <u>1070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>L</u>				d. STREET ADDRESS (If rural, give location) <u>1070</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARION</u>		b. (Middle) <u>Adelbert</u>		c. (Last) <u>CRABTREE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 - 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 3 - 1861</u>		9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 4 HRS. Days <u>23</u> Hours <u>33</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Crabtree</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Bargar</u>		14. NAME OF HUSBAND OR WIFE <u>Barbara Crabtree</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>4</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Earl Swisher Bethel 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congested Heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Langrene of the feet.</u> DUE TO (c) <u>Arteriosclerosis</u> 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>47 months</u> <u>4</u> <u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4501</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE</u>		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>Mar</u> , 19 <u>51</u> , to <u>June 26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 26</u> , 19 <u>51</u> , and that death occurred at <u>9:20</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward H. Dutton D.O.</u>				23b. ADDRESS <u>Bethel Mo</u>		23c. DATE SIGNED <u>July 6 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 28 - 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>d.o.e. cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbyville Mo</u>		
DATE REC'D BY LOCAL REG. <u>July 11 - 51</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		419		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.P. Thompson Shelbyville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

Date Received: JUL 16 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 7-51-127  
Date Filed: JUL 16 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 \_\_\_\_\_

..... *Myself* ..... Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *E. P. Thompson* .....

Licensed Embalmer No. *1632* .....

P. O. Address *Shelbyville 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.