

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31112**

No. 300
10.48

FILED SEP 17 1951

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4430 Registrar's No. 142

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crocker</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crocker</u> | |
| c. LENGTH OF STAY (in this place) <u>81 years</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Crews</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 31 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>July 17, 1857</u> | 9. AGE (In years last birthday) <u>94</u> | IF UNDER 1 YEAR Days <u>1</u> IF UNDER 11 HRS. Min. <u>14</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>Illinois</u> | |
| 12. CITIZEN OF WHAT COUNTRY? | | | | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Stephen Dearduff</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Shoemaker</u> | | 14. NAME OF HUSBAND OR WIFE <u>Emanuel Crews</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. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chralew Crews Crocker, Mo.</u> | |

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|--|--|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> <u>8 mos.</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Emphysema of the lung</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/> | | | |

| | | |
|--|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/> | 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. <input checked="" type="checkbox"/> | 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 July 1, 1942, to Aug 31, 1951, that I last saw the deceased alive on Aug 31, 1951, and that death occurred at 10 p m., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|--------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>John A. Mikalovich, D.O.</u> | | 23b. ADDRESS <u>21 Crocker, Mo.</u> | | 23c. DATE SIGNED <u>9-1-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Sept. 2, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Crocker Rural Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>9-14-51</u> | REGISTRAR'S SIGNATURE <u>Eula Mae Anderson</u> | 458 | FEDERAL DEPARTMENT OF HEALTH SIGNATURE <u>Walter P. Hedger, M.D.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-14-51
Pulaski County Health Officer
File Number
Date Filed 9-15-51

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 _____

Student Embalmer No. 437

working under my personal supervision.

Student Clarence M. ...
Student Embalmer

Signed Walter P. ...

Licensed Embalmer No. 4265

P. O. Address Merri, 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.