

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34067

State File No. _____

FILED OCT 29 1951

Registrar's No. 198

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

493

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 2 wks	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital		d. STREET ADDRESS (If rural, give location) 815 So. Maple St.	

3. NAME OF DECEASED (Type or Print)	a. (First) FRANK	b. (Middle) WESLEY	c. (Last) CRAIN	4. DATE OF DEATH (Month) (Day) (Year) October 15, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 1, 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. Frisco agent	10b. KIND OF BUSINESS OR INDUSTRY railroad	11. BIRTHPLACE (State or foreign country) Oswego, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wesley Crain	13b. MOTHER'S MAIDEN NAME Matilda Crawl	14. NAME OF HUSBAND OR WIFE Marie Russell Crain
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Mrs. F.W. Crain, 815 Maple, Carthage, Mo	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of prostate gland with pelvic metastasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 11 mo.
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19a. DATE OF OPERATION Aug 17 '51	19b. MAJOR FINDINGS OF OPERATION Orchidectomy	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE none	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carthage, Mo
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21d. TIME OF INJURY none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 1, 1950, to Oct 15, 1951, that I last saw the deceased alive on Oct 15, 1951, and that death occurred at 12:32 p m., from the causes and on the date stated above.

23a. SIGNATURE George H. Wood, MD	(Degree or title)	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 10-16-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Oct 17, 1951	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo
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DATE REC'D BY LOCAL REG. 10-16-51	REGISTRAR'S SIGNATURE LB Clinton, MD	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo	ADDRESS
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RECEIVED 10-24-51

Jasper County Health Office

County File Number 51/10/807

Date Filed 10-25-51

RECEIVED
OCT 25 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Robert H. Knull

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.