

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34281

State File No. ....

LEDOCT 29 1951

BIRTH NO. .... REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3037 Registrar's No. 448

581

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Missouri</u> <u>1581</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>117 E. Lake</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>Harrison</u> c. (Last) <u>Crystal</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 13, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec. 25, 1885</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>18</u>	
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>Conductor</u>		11. BIRTHPLACE (State or foreign country) <u>Linn County, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Allen Crystal</u>		13b. MOTHER'S MAIDEN NAME <u>Elsie Harrison</u>		14. NAME OF HUSBAND OR WIFE <u>Easter Crystal</u>	
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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>709-14-2927</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Olive McNeil, Marceline, 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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Some Arteriosclerosis</u>					
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Buerger's Disease, Coronary Insufficiency, Cardiac Decomp</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)		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 Oct, 1949, to Oct, 1951, that I last saw the deceased alive on Oct 13, 1951, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul T. Berry M.D.</u>		23b. ADDRESS <u>Marceline Mo.</u>		23c. DATE SIGNED <u>10/15/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/15/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Roselawn</u>		24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Oct 15-1951</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Earl McLaughlin</u>		ADDRESS <u>Marceline Mo</u>	
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NOV 16 1953

NOV 9 1953

Date Received: OCT 26 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 10-51-1896  
Date Filed: OCT 26 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 \_\_\_\_\_ X

Student Embalmer No. \_\_\_\_\_ X

working under my personal supervision.

Student \_\_\_\_\_ X  
Student Embalmer

Signed George W. Davis

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.