

FILED JAN 8 1952

STANDARD CERTIFICATE OF DEATH

State File No. 40879

BIRTH NO.		REG. DIST. NO. 50		PRIMARY REG. DIST. NO. 5180		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY <i>Camden-Warrens Township</i>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Camden</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Camden Rural</i>		c. LENGTH OF STAY (In this place) <i>Life</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Camden Rural, Warrens Township</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home Lebanon Star Route</i>				d. STREET ADDRESS (If rural, give location) <i>Lebanon Star Route</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Lenox</i> b. (Middle) <i>Lydia</i> c. (Last) <i>Crall</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 28-1951</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>May 30, 1862</i>	9. AGE (In years) (Month) (Day) <i>87</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>home</i>		11. BIRTHPLACE (State or foreign country) <i>Camden Co. Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Jess Parish</i>		13b. MOTHER'S MAIDEN NAME <i>Lydia Darrow</i>		14. NAME OF HUSBAND OR WIFE <i>Geo A Crall</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Walter Crall - Lebanon Star Route</i>			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Interstitial Nephritis</i>					INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i>
		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.					
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>594x</i>					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) (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 <i>1950</i> , to <i>Dec. 28, 1951</i> , that I last saw the deceased alive on <i>Dec. 27, 1951</i> , and that death occurred at <i>9:00 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>W. O. Larson</i>				23b. ADDRESS <i>Camden Mo.</i>		23c. DATE SIGNED <i>Jan 2-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Dec 31-1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Hugo</i>		24d. LOCATION (City, town, or county) (State) <i>Camden Co Mo</i>		
DATE REC'D BY LOCAL REG. <i>Jan 2-1952</i>		REGISTRAR'S SIGNATURE <i>Zilpha Darrow</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Banks-Woolery</i>			
				ADDRESS <i>Camden Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 7 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 7 1952 _____

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 Abbi Baukrow Wolery

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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.