

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43817**
193
Registrar's No.

FILED DEC 31 1951

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076**

1. PLACE OF DEATH
a. COUNTY **Vernon**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Nevada**
c. LENGTH OF STAY (in this place) **3 wks**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Montevallo, Mo.**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Anderson Nursing Home**
d. STREET ADDRESS (If rural, give location) _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.**
b. COUNTY **Vernon**

3. NAME OF DECEASED
(Type or Print) a. (First) **EMILY** b. (Middle) **CRENSHAW** c. (Last) **EARL**
4. DATE OF DEATH (Month) (Day) (Year) **Dec. 11 51**

5. SEX **F.** **6. COLOR OR RACE** **W.** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Widowed**
8. DATE OF BIRTH **Dec. 5, 1886** **9. AGE** (In years last birthday) **65** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 WEEK: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**
10b. KIND OF BUSINESS OR INDUSTRY **Own Home**
11. BIRTHPLACE (State or foreign country) **Montevallo Mo.**
12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Daniel Crenshaw** **13b. MOTHER'S MAIDEN NAME** **Loura Thompson** **14. NAME OF HUSBAND OR WIFE** **Ford Earl**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Non** (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** **None** **17. INFORMANT'S SIGNATURE OR NAME** **Mrs. Jim Nance** **ADDRESS** **Nevada Mo.**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage**
INTERVAL BETWEEN ONSET AND DEATH **15 days**
ANTECEDENT CAUSES
DUE TO (b) **Arteriosclerosis and**
DUE TO (c) **Hypertension**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** **none** **20. AUTOPSY?** YES NO

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)** **331X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from 11-26 1951 to 12-10, 1951, that I last saw the deceased alive on 12-7, 1951, and that death occurred at 11 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Thomas S. Hopkins, D.M.D.** **23b. ADDRESS** **Nevada, Mo.** **23c. DATE SIGNED** **12-13-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **Dec. 13 51** **24c. NAME OF CEMETERY OR CREMATORY** **Newton Park** **24d. LOCATION** (City, town, or county) (State) **Nevada Mo.**

DATE REC'D BY LOCAL REG. **12-17-51** **REGISTRAR'S SIGNATURE** **Anna E. Ferry** **25. FUNERAL DIRECTOR'S SIGNATURE** **L. Gerald (Perry) Shelton** **ADDRESS** _____
(Licensed Embalmer's Statement on Reverse Side)

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

282
4

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED

DEC 26 1951

Dist. File

12-27-3120

Date Filed

12-28-52

DEC 25 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.

Signed.....
Student Embalmer

Signed

L. Gerald Beery

Licensed Embalmer No. *4203*

P. O. Address *Shelton Md*

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.