

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13917

State File No.

FILED MAY 5 - 1952

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No.

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond		c. CITY (If outside corporate limits, write RURAL and give township) Richmond	
c. LENGTH OF STAY (in this place) 6 months		d. STREET ADDRESS (If rural, give location) 429 East Lexington	
d. FULL NAME OF HOSPITAL OR INSTITUTION 429 East Lexington			

3. NAME OF DECEASED (Type or Print)	a. (First) FRANCES	b. (Middle) ELIZABETH	c. (Last) CRANE	4. DATE OF DEATH (Month) (Day) (Year) April 28, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 12, 1876	9. AGE (In years last birthday) 75	10. UNDER 1 YEAR Months 4 Days 16	11. UNDER 2 HRS. Hours 16 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife-	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Morgan	13b. MOTHER'S MAIDEN NAME Elizabeth Garner	14. NAME OF HUSBAND OR WIFE Joseph Crane
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Arthur Crane, Sr.	ADDRESS Richmond, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		
	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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **March 1, 1952** to **April 28, 1952** that I last saw the deceased alive on **April 28, 1952** and that death occurred at **11:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Richmond	23c. DATE SIGNED 4-28-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-29-1952	24c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery - Ray County, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE 973	25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter	ADDRESS Richmond, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

891

May Let the body

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, Va

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.