

STANDARD CERTIFICATE OF DEATH

State File No. **23550**

FILED JUL 22 1952

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) Fairfax		c. CITY (If outside corporate limits, write RURAL and give township) Tarkio	
c. LENGTH OF STAY (in this place) 6 hrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) LEVI		b. (Middle) ALEXANDER		c. (Last) CRABTREE		4. DATE OF DEATH (Month) (Day) (Year) July 13, 1952	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov 30, 1868	
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret'd farmer		10b. KIND OF BUSINESS OR INDUSTRY gen farming		11. BIRTHPLACE (State or foreign country) Tenn	
11. BIRTHPLACE (State or foreign country) Tenn		12. CITIZEN OF WHAT COUNTRY? U.S					

13a. FATHER'S NAME A. B. Crabtree		13b. MOTHER'S MAIDEN NAME Josephine Pickering		14. NAME OF HUSBAND OR WIFE Hattie Crabtree	
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. 481-10-2988		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Orval Loomis Rock Port, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive - arteriosclerotic		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary-vascular disease		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Heat exhaustion				10 days	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X		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 **27 Feb, 1951**, to **13 July, 1952**, that I last saw the deceased alive on **13 July, 1952**, and that death occurred at **11:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Niedermeyer M.D.		23b. ADDRESS Tarkio, Mo.		23c. DATE SIGNED 7/16/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/16/52		24c. NAME OF CEMETERY OR CREMATORY Linden Cemetery		24d. LOCATION (City, town, or county) (State) Rock Port, Mo.	
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DATE REC'D BY LOCAL REG. July 18, 1952		REGISTRAR'S SIGNATURE Marvin W. Schuler		25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home		ADDRESS Tarkio, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

0036

STATEMENT BY LICENSED EMBALMER

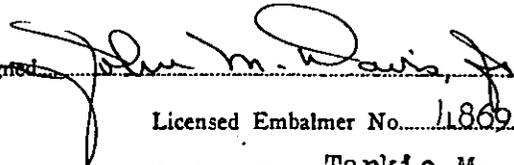
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 11809

P. O. Address Tarkio, 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.