

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30634**

FILED SEP 16 1952

BIRTH NO. _____		REG. DIST. NO. 4	PRIMARY REG. DIST. NO. 4014	Registrar's No. 74
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) OR TOWN Fairfax		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio		
c. LENGTH OF STAY (In this place) 1 hr.		d. STREET ADDRESS (If rural, give location) 0030		
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hospital				
3. NAME OF DECEASED (Type or Print) a. (First) HATTIE		b. (Middle) ELIZABETH		c. (Last) CRABTREE
4. DATE OF DEATH (Month) (Day) (Year) Sept 5, 1952				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 30, 1873	9. AGE (In years last birthday) Months Days Hours Mins. 78 9 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME James Low		13b. MOTHER'S MAIDEN NAME Louisa Townsend		14. NAME OF HUSBAND OR WIFE L. A. 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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Orvil Loomis ADDRESS 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebro-vascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive - arteriosclerotic DUE TO (c) cardio-vascular disease 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 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 7/3/51 , 19___, to 9/6/52 , 19___, that I last saw the deceased alive on 9/5/52 , 19___, and that death occurred at 2:55 a.m., from the causes and on the date stated above.				
23a. SIGNATURE E. W. Niedermeier, M.D. (Degree or title)		23b. ADDRESS Tarkio, Mo.		23c. DATE SIGNED 9/6/52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9/7/52		24c. NAME OF CEMETERY OR CREMATORY Linden Cemetery
24d. LOCATION (City, town, or county) (State) Rock Port, Mo.				
DATE REC'D BY LOCAL REG. Sept 17, 1952		REGISTRAR'S SIGNATURE Therwin N. Schaefer 443-0		25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home ADDRESS Tarkio, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

John M. Davis
Licensed Embalmer No. 2394

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.