

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30771

State File No.

FILED SEP 29 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 993

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Meth. Hospital		d. STREET ADDRESS (If rural, give location) 2407 So. 7 <u>0</u>	

3. NAME OF DECEASED (Type or Print) MATTIE	a. (First)	b. (Middle)	c. (Last) CRABTREE	4. DATE OF DEATH (Month) (Day) (Year) Sept. 11 1952
--------------------------------------------	------------	-------------	--------------------	-----------------------------------------------------

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH June 12 1891	9. AGE (In years last birthday) 61	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MRS. Hours	# UNDER 1 MRS. Min.
---------------	------------------------	--------------------------------------------------------------	-------------------------------	------------------------------------	-----------------------	---------------------	----------------------	---------------------

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

13a. FATHER'S NAME John Jones	13b. MOTHER'S MAIDEN NAME Hattie Anderton	14. NAME OF HUSBAND OR WIFE Robert 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. not given	17. INFORMANT'S SIGNATURE OR NAME Mr. Paul Green	ADDRESS St. Joseph 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. due to (b) Other Cond. Abdominal Aneurism due to (b) Peptic ulcer		Unknown
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 checked="" type="checkbox"/> NO <input 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) m.	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 1-13, 1951, to 9-10, 1952, that I last saw the deceased alive on 9-10, 1952, and that death occurred at 2:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Stanley J. ...</u> (Degree or title) M.D.	23b. ADDRESS Tootle Building, St. Joseph, Mo.	23c. DATE SIGNED 9-19-52
-------------------------------------------------------------	-----------------------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 19 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
--------------------------------------------------	-------------------------	--------------------------------------------------------	-------------------------------------------------------------------

DATE REC'D BY LOCAL REG. Sept 22, 1952	REGISTRAR'S SIGNATURE <u>Paul C. Cash</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley J. ...</u> ADDRESS St. Joseph Mo.
----------------------------------------	-------------------------------------------	-------------------------------------------------------------------------------

(Licensed Embalmers' Statement on Reverse Side)

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

117
C

16

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.