

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38376

State File No. ....

FILED DEC 1 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5458 Registrar's No. 1002-B

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Grove, Rural</u> <u>5390</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>R. R. # 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>none</u> c. (Last) <u>CRAYTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 9, 52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 19, 1898</u>		9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Walnut Grove, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		

13a. FATHER'S NAME <u>James A. Crayton</u>		13b. MOTHER'S MAIDEN NAME <u>Parthena Loveall</u>		14. NAME OF HUSBAND OR WIFE <u>Lela Crayton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lela Crayton Walnut Grove, Mo.</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CARDIAC FAILURE (CONGESTIVE RIGHT SIDE)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 HOURS</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>UREMIA</u> DUE TO (c) <u>NEPHRITIS</u>		<u>10 DAYS</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>1 YEAR</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>593X</u>		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 Nov. 5, 1952, to Nov. 16, 1952, that I last saw the deceased alive on Nov. 15, 1952, and that death occurred at 5:40p m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. R. Davis D.O.</u> (Degree or title)		23b. ADDRESS <u>WALNUT GROVE MO</u>		23c. DATE SIGNED <u>11/18/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-18-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Williamson Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Walnut Grove, Missouri</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Deputy Brian - Daniel Ash Grove - Mo</u>		ADDRESS	
DATE REC'D BY LOCAL REG. <u>11-23-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson Registrar</u>			

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

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DEC 1 1932

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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Doyle L. Daniel*  
Licensed Embalmer No. *702*  
P. O. Address *1st Grove - 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.