No. 300
10.48

FILED JAN 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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State File No. .....

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4149 Registrar's No. 5-1953

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

1. PLACE OF DEATH
a. COUNTY: CRAWFORD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CUBA MO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: VENETTA OKLA
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): VENETTA OKLA. 8350
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ORA.
b. (Middle): CRISWELL.
c. (Last): MCLANE.

4. DATE OF DEATH (Month) (Day) (Year): JAN 27-1953.

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED (Specify)~~: /
8. DATE OF BIRTH: MAY 17-1895
9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months 8 Days 10
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: NURSE
11. BIRTHPLACE (City and State or Foreign Country): WILSON COUNTY TENN
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: HARVEY C. CRISWELL
13b. MOTHER'S MAIDEN NAME: IDA GLEAVES.
14. NAME OF HUSBAND OR WIFE: CLARENCE E MCLANE

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.
17. INFORMANT'S SIGNATURE OR NAME: CLAUDE D. VAUGHAN JR
ADDRESS: 917 SOLLEY DRIVE NASHVILLE TENN

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) _____ 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) Death Caused.
DUE TO (c) By Reasons of Collision

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
of 1952 Ford + 1947 Buick

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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21a. ACCIDENT (Specify) ~~SUICIDE HOMICIDE~~: AUTO
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HEIGHWAY 66
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): CUBA MO CRAWFORD MO.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 27 1953-7AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harry M Jones Coroner. 3
23b. ADDRESS: Steelville Mo
23c. DATE SIGNED: Jan 29-53

24a. ~~BURIAL, CREMATION~~, REMOVAL (Specify): Nashville TENN
24b. DATE: Jan 29-53
24c. NAME OF CEMETERY OR CREMATORY: WOODLAW MEMIORAL PARK
24d. LOCATION (City, town, or county) (State): NASHVILLE TENN.

DATE REC'D BY LOCAL REG.: 1-28-1953
REGISTRAR'S SIGNATURE: Paul A. Shanklin 372
25. FUNERAL DIRECTOR'S SIGNATURE: FINLEY-DORRIS & CHRLTON
ADDRESS: NASHVILLE TENN

(Licensed Embalmer's Statement on Reverse Side)

FEB 24 1953

FEB 10

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 Henry M Jones Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Henry M Jones

Licensed Embalmer No. 2428

P. O. Address Steelville 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.