

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 16 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warsaw</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Scottdale</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Rest Home</u>			

3. NAME OF DECEASED a. (First) <u>Mollie</u> b. (Middle) _____ c. (Last) <u>Crattree</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 8 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>March 23 1907</u>		9. AGE (In years last birthday) <u>45</u> Months <u>10</u> Days <u>15</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Hickory County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Font Bover</u>	
13b. MOTHER'S MAIDEN NAME <u>Berina Parker</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give year or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>A. B. Crattree</u>		ADDRESS <u>Scottdale Mo. St.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>			INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Influenza Acute Bronchitis</u>			<u>2 weeks</u> <u>2 weeks</u>
19a. DATE OF OPERATION _____		19b: MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input 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) _____		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 Feb., 1952, to 8 Feb, 1953, that I last saw the deceased alive on 24 JAN, 1953, and that death occurred at 3:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>David H. Glenn</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>WARSAW Mo</u>		23c. DATE SIGNED <u>8 Feb 1953</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>Feb 10 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Scottdale Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Scottdale Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Feb. 8. 1953</u>		REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Goodrich</u> ADDRESS <u>Osceola, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0020

MAR 12 1953

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 Ray Miller  
Licensed Embalmer No. 4492

P. O. Address Osceola, 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.