

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40

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

FILED MAR 5 - 1953 BIRTH NO. REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **5977** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Cook		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cook	
b. CITY OR TOWN Aldrich		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aldrich 0840	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mile West of Aldrich		d. STREET ADDRESS (If rural, give location) 1 Mile West of Aldrich	
3. NAME OF DECEASED a. (First) William b. (Middle) Jean c. (Last) Crauen			4. DATE OF DEATH (Month) (Day) (Year) Feb 27 1953
5. SEX M	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 24 1899
9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 9 Days 3	IF UNDER 1 HR. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Belle Fourche South Dakota	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Leon Crauen	13b. MOTHER'S MAIDEN NAME Laura Wiseman	14. NAME OF HUSBAND OR WIFE Hazel Elizabeth Crauen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W. I. U.S.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hazel Elizabeth Crauen Aldrich 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 1 day
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 2/10 1953 , to 2/26 1953 , that I last saw the deceased alive on 2/26 1953 and that death occurred at 5:00 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Boyle Embler M.D. Galvar Mo		23b. ADDRESS	23c. DATE SIGNED 2/27/53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Mar. 2 1953	24c. NAME OF CEMETERY OR CREMATORY Kearsouthedge Cemetery	24d. LOCATION (City, town, or county) (State) Aldrich, Mo.
DATE REC'D BY LOCAL REG. 2-28-1953	REGISTRAR'S SIGNATURE Ralph Garden	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Jewell D. Brown & Blue Galvar Mo	

MAR 18 1959

FEB 21 1956

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

Herward B. Erwin

Licensed Embalmer No. *3092*

P. O. Address

Bolivar, 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.