

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3000-1000-1000**
Registrar's No. **358**

FILED MAR 30 1953

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 358	
1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived immediately before admission). a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (in this place) 5 mo.	c. CITY (If outside corporate limits, write RURAL and give township) Carterville		8490
d. FULL NAME OF HOSPITAL OR INSTITUTION Fair Acres			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) ARLIE		a. (First) F.	b. (Middle)	c. (Last) ROSE CRANS	4. DATE OF DEATH (Month) (Day) (Year) March 19, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 20, 1874	9. AGE (In years last birthday) 78	10. MONTHS 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Retired	10b. KIND OF BUSINESS OR INDUSTRY Hardware Store	11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME No data		13b. MOTHER'S MAIDEN NAME No data		14. NAME OF HUSBAND OR WIFE	
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 ADDRESS Mrs. Twila Bilyeau Kansas City, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Throat ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bright disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		5-93X	
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 2-1 , 19 53 , to 3/19 , 19 53 , that I last saw the deceased alive on 3/17 , 19 53 , and that death occurred at 12:15 pm from the causes and on the date stated above.					
23a. SIGNATURE J. E. Baker M.D.			23b. ADDRESS Carterville, Mo.		23c. DATE SIGNED 3-20-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-21-53	24c. NAME OF CEMETERY OR CREMATORY Carterville Cem.	24d. LOCATION (City, town, or county) (State) Carterville		
DATE REC'D BY LOCAL REG. 3-20-53	REGISTRAR'S SIGNATURE J. E. Baker M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	ADDRESS Webb City, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

1490
1

RECEIVED
10000

RECEIVED 3-27-53
Jasper County Health Office

County File Number 53/3/282

Date Filed 3-27-53

APR 7 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 *Richard Gray Lewis*

Licensed Embalmer No. *4745*

P. O. Address *Webb City 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.