

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10409

State File No. ....

FILED MAR 24 1953

BIRTH NO. .... REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 48

0532  
1

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

1. PLACE OF DEATH a. COUNTY <i>Laclede</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Laclede</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Lebanon</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Lebanon</i> 0532	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>133 Taylor ave.</i>		d. STREET ADDRESS (If rural, give location) <i>133 Taylor ave.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Rebecca</i> b. (Middle) <i>Katheryn</i> c. (Last) <i>M. Crory</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>March 11 1953</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>July 8, 1863</i>
9. AGE (In years last birthday) <i>89</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>3</i>	IF UNDER 24 HRS. Hour <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Osage Co. Mo.</i>	
11. BIRTHPLACE (State or foreign country) <i>U. S. A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13a. FATHER'S NAME <i>Charles Pack</i>		13b. MOTHER'S MAIDEN NAME <i>Eliza Brookshire Wm. M. Crory</i>	
14. NAME OF HUSBAND OR WIFE <i>Wm. M. Crory</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Lee King</i>		ADDRESS <i>Lebanon, Mo.</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Embolism</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardio-vascular heart disease</i> DUE TO (c) <i></i>			<i>?</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4221</i>	
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) (m.)		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 <i>Mar. 6, 1953</i> , to <i>Mar. 11, 1953</i> , that I last saw the deceased alive on <i>Mar. 11, 1953</i> , and that death occurred at <i>4:30 P. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>H. Carrington</i>		23b. ADDRESS <i>Lebanon, Mo.</i>	
23c. DATE SIGNED <i>3-14-53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3/14/53</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Stephens Cemetery near Sleeper Mo.</i>		24d. LOCATION (City, town, or county) (State) <i>Lebanon, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>3-15-1953</i>		REGISTRAR'S SIGNATURE <i>Hella L. Hedy</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>W.E. Holman</i>		ADDRESS <i>Lebanon, Mo.</i>	

MAR 21 1953

DATE FILED  
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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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.