

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21035**

FILED JUN 22 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **3014** Registrar's No. **64**

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Liberty</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Liberty</b>	
c. LENGTH OF STAY (in this place) <b>41 yrs.</b>		6000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>211 N. Water St.</b>		d. STREET ADDRESS (If rural, give location) <b>211 N. Water St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b> b. (Middle) <b>J.</b> c. (Last) <b>Chrane</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 15-53</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Jan. 28-1888</b>		9. AGE (In years: last birthday) <b>65</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Decorator</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ketesville Mo.</b>	

13a. FATHER'S NAME <b>Matthew Chrane</b>		13b. MOTHER'S MAIDEN NAME <b>Cynthia Graham</b>		14. NAME OF HUSBAND OR WIFE <b>Allie Chrane, Dec.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-16-5565</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frank J. Chrane Liberty, Mo.</b>	

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) <b>Branchogenic leucemia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 mo</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____			
		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 <b>162X</b>			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)		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 **Nov 1952**, to **June 15, 1953**, that I last saw the deceased alive on **June 14, 1953**, and that death occurred at **7:50 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Glenn W. Henderson MD</b> (Degree or title)		23b. ADDRESS <b>Liberty, Mo</b>		23c. DATE SIGNED <b>6/16/53</b>	
---	--	---------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 17, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Liberty, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>June 18-1953</b>		REGISTRAR'S SIGNATURE <b>Mabel Graham</b> <b>491</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Church - Archer Co. Liberty, Mo.</b>	
--	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

001 /

**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 Harold G. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, 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.