

## STANDARD CERTIFICATE OF DEATH

State File No. 24024

Registrar's No. 322

FILED AUG 12 1953

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY <i>Butler</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Stoddard</i>			
b. CITY (If outside corporate limits, write RURAL and give town) <i>Poplar Bluff</i>		c. LENGTH OF STAY (In this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Duck Creek</i>		d. STREET ADDRESS (If rural, give location) <i>Puxico Mo R#3 1030</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Poplar Bluff Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>Puxico Mo R#3 1030</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Cora</i>		b. (Middle) <i>May</i>		c. (Last) <i>Crabb</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>July 24 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>1893 May 25 1893</i>	9. AGE (In years last birthday) <i>61</i>	if UNDER 1 YEAR Months <i>1</i>	if UNDER 24 HRS. Days <i>29</i>	if UNDER 24 HRS. Hours <i>1</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Guyson Co Ky 1</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Martin Tucker</i>		13b. MOTHER'S MAIDEN NAME <i>Mandy Armes</i>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Jess Placer Puxico Mo</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Decompensation</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <i>Coronary Fibriulation</i>				DUE TO (b) <i>3</i>	
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <i>4343 H</i>				DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS <i>Multiple Metastatic Ca</i>				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>g Lung - Origin Indetermined</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)	
21d. TIME OF INJURY		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>22 July, 1953</i> to <i>24 July, 1953</i> , that I last saw the deceased alive on <i>24 July, 1953</i> , and that death occurred at <i>9 A. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>W. J. Crabb, M.D.</i>				23b. ADDRESS <i>321 Oak Poplar Bluff Mo</i>		23c. DATE SIGNED <i>5 Aug 53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7-26-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Brown</i>		24d. LOCATION (City, town, or county) (State) <i>Puxico Mo</i>		
DATE REC'D BY LOCAL REG. <i>8/5/53</i>		REGISTRAR'S SIGNATURE <i>R. H. Maehel</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Glad Morgan</i>		ADDRESS <i>Puxico Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 10 1953

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

**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 William H. Morgan

Licensed Embalmer No. 4640

P. O. Address Adams, Pa.

**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.