

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24254

State File No.

FILED JUL 23 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>196</u>			
1. PLACE OF DEATH a. COUNTY <u>Franklin Co. Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before death, give name of institution) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>					
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>HARMON</u> c. (Last) <u>CRANE</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July-20-1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>1878 April-2-</u>			
9. AGE (years) (Months) (Days) (Hours) (Min.) <u>75 3 18</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo R.R.</u>			
12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A</u>		13. FATHER'S NAME <u>James A. Evans</u>		13b. MOTHER'S MARDEN NAME <u>Charlotte Elizabeth</u>		14. NAME OF HUSBAND OR WIFE <u>Ellie Crane</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ellie Crane</u> ADDRESS <u>Madison Mo</u>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL EMBOLUS</u> ANTECEDENT CAUSES DUE TO (b) <u>MURAL THROMBUS, CARDIAC</u> DUE TO (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u> II. OTHER SIGNIFICANT CONDITIONS <u>Generalized arteriosclerosis</u> <u>Atrial Fibrillation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>Unknown</u> <u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/200</u>				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) (Min.)		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 <u>July 19, 1953</u> , to <u>July 20, 1953</u> , that I last saw the deceased alive on <u>July 20, 1953</u> , and that death occurred at <u>6:45 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. Donald Shull, M.D.</u>				23b. ADDRESS <u>521 E. High St., Jefferson City, Mo</u>		23c. DATE SIGNED <u>July 20, 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem-Burial</u>		24b. DATE <u>July 27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Madison</u>		24d. LOCATION (City, town, or county) (State) <u>Madison Mo</u>			
DATE REC'D BY LOCAL REG. <u>July 20-1953</u>		REGISTRAR'S SIGNATURE <u>R. P. Darris M.D. - MR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>			

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.

Signed Morris B. Jones.....

Signed.....

Student Embalmer

Licensed Embalmer No. 4322.....

P. O. Address Buffalo, 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.