

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. J. SILSBY
24415
State File No.

FILED JUL 27 1953
BIRTH NO.

REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 679

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN HOSP.		d. STREET ADDRESS (If rural, give location) 932 S. PICKWICK	

3. NAME OF DECEASED (Type or Print) a. (First) DAN b. (Middle) C. c. (Last) CRANE SR.			4. DATE OF DEATH (Month) (Day) (Year) JULY 22, 1953
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5. SEX male 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH APRIL 1 1880	9. AGE (In years last birthday) 73 F UNDER 1 YEAR Months Days F UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR	10b. KIND OF BUSINESS OR INDUSTRY R.R. CONSTRUCTION	11. BIRTHPLACE (State or foreign country) ASH GROVE, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILLIA G. CRANE	13b. MOTHER'S MAIDEN NAME GELIA BAIRD	14. NAME OF HUSBAND OR WIFE X
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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. Unknown	17. INFORMANT'S SIGNATURE OR NAME MRS. NELL MILLIGAN	ADDRESS SPFLD., MO.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic leukemia		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2040		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) Springfield Greene, Mo.
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 **June 19, 1951**, to **July 22, 1953**, that I last saw the deceased alive on **July 22, 1953**, and that death occurred at **3:40 PM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS 609 Cherry	23c. DATE SIGNED July 27 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7/25/53	24c. NAME OF CEMETERY OR CREMATORY HAZELWOOD CEMETERY	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
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DATE REC'D BY LOCAL REG. 7-24-53	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER	ADDRESS SPRINGFIELD, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Frederic T. Swally

Licensed Embalmer No. 4015

P. O. Address Franklin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.