

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29438

State File No. ....

No. 300  
10-48

FILED SEP 8-1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 173

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

|   |  |   |   |  |   |  |   |  |   |  |  |   |  |
|---|--|---|---|--|---|--|---|--|---|--|--|---|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Nodaway</u><br>b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Maryville</u><br>c. LENGTH OF STAY (in this place) <u>2 days</u><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>            |  |   |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u><br>c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Maryville</u><br>d. STREET ADDRESS (If rural, give location) <u>120 North Alvin</u> |   |  |   |  |   |  |  |   |  |
| <b>3. NAME OF DECEASED</b><br>(Type or Print) <u>GOLDIE</u><br>a. (First) <u>GOLDIE</u> b. (Middle) <u>MAXINE</u> c. (Last) <u>CRANE</u>  |  | <b>4. DATE OF DEATH</b><br>(Month) (Day) (Year)<br><u>9</u> <u>1</u> <u>53</u>  |   | <b>5. SEX</b><br><u>Female</u>   |   | <b>6. COLOR OR RACE</b><br><u>White</u>  |   | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><u>Married</u>            |   | <b>8. DATE OF BIRTH</b><br><u>10/31/24</u> |  | <b>9. AGE</b> (in years last birthday) <u>28</u><br>IF UNDER 1 YEAR: Months _____ Days _____<br>IF UNDER 12 HRS: Hours _____ Min. _____ |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |  |   |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>Own home</u>  |   | <b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Elmo, Missouri</u>  |   |  | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>USA</u> |  |  |   |  |
| <b>13a. FATHER'S NAME</b><br><u>Ernest Raines</u>   |  |   | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Arletta C. Jones</u> |  |   | <b>14. NAME OF HUSBAND OR WIFE</b><br><u>George Crane</u>  |   |  |   |  |  |   |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b><br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |  |   | <b>16. SOCIAL SECURITY NO.</b><br>_____                     |  | <b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>George Crane, Maryville, Mo.</u> <b>ADDRESS</b> |  |   |  |   |  |  |   |  |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |  | <b>MEDICAL CERTIFICATION</b><br><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Post partum hemorrhage of placenta</u><br>ANTECEDENT CAUSES <u>Shock</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |   |  |   |  |   | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br>_____   |   |  |  |   |  |
| <b>19a. DATE OF OPERATION</b><br>_____  |  | <b>19b. MAJOR FINDINGS OF OPERATION:</b> _____  |   |  |   |  |   | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |  |  |   |  |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)<br>_____  |  | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>_____  |   | <b>21c. (CITY, TOWN, OR TOWNSHIP)</b> _____ <b>(COUNTY)</b> _____ <b>(STATE)</b> _____   |   |  |   |  |   |  |  |   |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____  |  | <b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |   | <b>21f. HOW DID INJURY OCCUR?</b><br>_____   |   |  |   |  |   |  |  |   |  |
| <b>22. I hereby certify that I attended the deceased from _____, 19<u>53</u>, to <u>Sept. 1</u>, 19<u>53</u>, that I last saw the deceased alive on <u>Sept 1</u>, 19<u>53</u>, and that death occurred at <u>11:50P</u> m., from the causes and on the date stated above.             </b> |  |   |   |  |   |  |   |  |   |  |  |   |  |
| <b>23a. SIGNATURE</b><br><u>[Signature]</u> (Degree or title) <u>M. D.</u>  |  |   |   |  |   | <b>23b. ADDRESS</b><br><u>Maryville, Missouri</u>  |   |  | <b>23c. DATE SIGNED</b><br><u>9-2-53</u>          |  |  |   |  |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><u>Burial</u>   |  | <b>24b. DATE</b><br><u>9/4/53</u>   |   | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>Elmo</u>   |   |  | <b>24d. LOCATION</b> (City, town, or county) (State)<br><u>Elmo, Missouri</u> |  |   |  |  |   |  |
| <b>DATE REC'D BY LOCAL REG.</b><br><u>9-5-53</u>  |  | <b>REGISTRAR'S SIGNATURE</b><br><u>[Signature]</u>  |   |  |   | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u> <b>ADDRESS</b><br><u>Price Funeral Home, Maryville, Mo.</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.

Student .....  
Student Embalmer

Signed Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Mayville 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.