

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37974**

FILED OCT 29 1953

BIRTH NO. _____		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 6099		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY Schuyler				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Schuyler			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Prairie		c. LENGTH OF STAY (in this place) 34 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Rural Prairie		d. STREET ADDRESS (If rural, give location) 4 Miles East of Queen City	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) NOVA		a. (First)		b. (Middle) ENNIS		c. (Last) CRABTREE	
4. DATE OF DEATH		(Month) Oct		(Day) 20		(Year) 53	
5. SEX Male		6. COLOR OR RACE White		7. (MARRIED) NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 29 - 1911	
9. AGE (In years last birthday)		# UNDER 1 YEAR		# UNDER 1 MRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farmer			11. BIRTHPLACE (City and State or Foreign Country) Missouri Adair Co.	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13a. FATHER'S NAME Robert Crabtree		13b. MOTHER'S MAIDEN NAME Julia Kane		14. NAME OF HUSBAND OR WIFE Mary Atkinson Crabtree			
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. 524-07-8776		17. INFORMANT'S SIGNATURE OR NAME Mary Crabtree			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emphysema				INTERVAL BETWEEN ONSET AND DEATH 1 hour			
ANTECEDENT CAUSES DUE TO (b) Femoral Thrombosis				5 hours			
DUE TO (c) Abdominal Surgery				12 days			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Carcinoma				4 years			
19a. DATE OF OPERATION 10/7/53		19b. MAJOR FINDINGS OF OPERATION. Prostatic Carcinoma & metastasis 177 X				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 Aug. 1950 , to OCT 20, 1953 , that I last saw the deceased alive on OCT 20, 1953 , and that death occurred at 10:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Edward M. Roberts				23b. ADDRESS Queen City Mo.		23c. DATE SIGNED 10/21/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Oct. 23, 53		24c. NAME OF CEMETERY OR CREMATORY Queen City Cemetery		24d. LOCATION (City, town, or county) (State) Queen City Missouri	
DATE REC'D BY LOCAL REG. Oct. 29 - 53		REGISTRAR'S SIGNATURE Mrs. Ruth Drake		25. FUNERAL DIRECTOR'S SIGNATURE J. L. Waby		ADDRESS Queen City Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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DEC 8 1953

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 Paul J. Doherty
Licensed Embalmer No. 4619

P. O. Address Queen City 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.