No. 300
No. 48

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

FILED DEC 2 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. 39642

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5675 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hurricane
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elsberry. 0570
d. STREET ADDRESS (If rural, give location): Rural (Hurricane)

3. NAME OF DECEASED (Type or Print)
a. (First): Jessie
b. (Middle): Lee
c. (Last): Crenshaw

4. DATE OF DEATH (Month) (Day) (Year): Nov 12 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 22, 1904
9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months: 7 Days: 20
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Employee
10b. KIND OF BUSINESS OR INDUSTRY: Glove Workers
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: C

13a. FATHER'S NAME: William Lee Hammack
13b. MOTHER'S MAIDEN NAME: Elora McDonald
14. NAME OF HUSBAND OR WIFE: Author Crenshaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 498-16-8075
17. INFORMANT'S SIGNATURE OR NAME: Author Crenshaw
ADDRESS: Elsberry

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) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Cervix Uteri — 18 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 171 X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 30, 1953, *to* Nov 12, 1953, *that I last saw the deceased alive on* Nov 12, 1953, *and that death occurred at* 8:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Hall, D.O.
23b. ADDRESS: Elsberry, Missouri
23c. DATE SIGNED: Nov 13 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/14/53
24c. NAME OF CEMETERY OR CREMATORY: New Hope Cemetary
24d. LOCATION (City, town, or county) (State): Lincoln Mo

DATE REC'D BY LOCAL REG.: 11-13-53
REGISTRAR'S SIGNATURE: Mrs Clarence Kientzy
25. FUNERAL DIRECTOR'S SIGNATURE: Clifton Miller
ADDRESS: Elsberry, Mo

(Licensed Embalmer — Statement on Reverse Side)

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 11/12/5

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsberry, Mo

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

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