No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40327

BIRTH-NO. — REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10467

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI
c. LENGTH OF STAY (In this place) 10 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY 8120
c. CITY OR TOWN Granite City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 8
e. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Dewey
b. (Middle) M.
c. (Last) CRAYTON

4. DATE OF DEATH (Month) (Day) (Year) 11 - 1 - 53

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Apr. 27, 1900
9. AGE (In years last birthday) 53 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter
10b. KIND OF BUSINESS OR INDUSTRY building
11. BIRTHPLACE (City and State or Foreign Country) Evansville, Ind.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thaddeus Crayton
13b. MOTHER'S MAIDEN NAME Nora Phillips
14. NAME OF HUSBAND OR WIFE Myrtle Crayton

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. 702-09-0822
17. INFORMANT'S SIGNATURE OR NAME Mrytle Crayton, **ADDRESS** Granite City.

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) ARTERIOSCLEROSIS TO THE BRAIN — INTERVAL BETWEEN ONSET AND DEATH: 4 DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS — 4-5 YRS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE — 4-5 YRS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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?

4200

22. *I hereby certify that I attended the deceased from* 10-23 *1953, to* 11-1 *, 1953, that I last saw the deceased alive on* 11-1 *, 1953, and that death occurred at* 3:30 p.m. *, from the causes and on the date stated above.*

23a. SIGNATURE FR Bradley 0 (Degree or title) M. D.
23b. ADDRESS BARNES HOSPITAL
23c. DATE SIGNED 11-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 11-2-53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Madison, Ill

DATE REC'D BY LOCAL REG. NOV 4 1953
REGISTRAR'S SIGNATURE J Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE LAHEY F.H. **ADDRESS** MADISON ILL.

(Licensed Embalmer's 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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ronald O Yahn

Licensed Embalmer No. 291

P. O. Address S Hou

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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