

FILED DEC 22 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44031

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 430

0942

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Leadington</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>None</u>				e. STREET ADDRESS (If rural, give location) <u>0940</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>A</u> b. (Middle) <u>DELBERT</u> c. (Last) <u>CRABDREE</u>			4. DATE OF DEATH <u>Dec. 14 1953</u> (Month) (Day) (Year)					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 7 1894</u>		9. AGE (In years last birthday) <u>59</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>7</u>	11. OVER 1 YEAR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lead Mining</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Henry Crabdree</u>			13b. MOTHER'S MAIDEN NAME <u>Della Knoltcamper</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Crabdree</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-03-9119</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Crabdree</u> ADDRESS <u>Leadington, Mo.</u>				
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES <u>Arteriosclerotic Cardiovascular</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Arteriosclerotic Cardiovascular</u>  DUE TO (c) <u>None</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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) m.		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 <u>Dec 14 1953</u> , to <u>Dec 14 1953</u> , that I last saw the deceased alive on <u>Dec 14 1953</u> , and that death occurred at <u>8 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. L. Foster</u> (Degree or title) <u>MS</u>				23b. ADDRESS <u>Desloge Mo</u>		23c. DATE SIGNED <u>12-16-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 16 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 16, 1953</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>COLEMAN</u> ADDRESS <u>Farmington, Missouri</u>				

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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.....  
Signature of Student Embalmer

Signed.....  
*C. McCoyle*

Licensed Embalmer No. *4088*

P. O. Address *Farmington*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.