No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8007

BIRTH NO. FILED MAR 30 1954 REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5223 Registrar's No. 47

0190

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

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Everett Twp
c. LENGTH OF STAY (In this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reed Mo
d. STREET ADDRESS (If rural, give location): ✓ 0490 1

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): JANE
c. (Last): CRAHAN

4. DATE OF DEATH (Month) (Day) (Year): Mar - 15 - 1954

5. SEX: Fe
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Aug-16-1951
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months 6 Days 29 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None-Child
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): Carthage Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Crahan
13b. MOTHER'S MAIDEN NAME: Pauline Miller
14. NAME OF HUSBAND OR WIFE: Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Thomas Crahan — ADDRESS: Archie Mo

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): BURNS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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INTERVAL BETWEEN ONSET AND DEATH

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): BARN ON FARM
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): EVERETT TWP. CASS 019 MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 15 54 2:30 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: CAUGHT IN BARN FIRE

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 2:30 P m., from the causes and on the date stated above.* CORONER

23a. SIGNATURE (Degree or title): Gerald Zander (Coroner) D.O. 2
23b. ADDRESS: Pleasant Hill, Mo.
23c. DATE SIGNED: 3-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/16/54
24c. NAME OF CEMETERY OR CREMATORY: Reed Cemetery
24d. LOCATION (City, town, or county) (State): Reed Mo.

DATE REC'D BY LOCAL REG.: ~~3-16-54~~
REGISTRAR'S SIGNATURE: Dora Barnard 457-10
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] — ADDRESS: Drexel Mo.

Mar. 21, 1954

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 27 1954
CLAY COUNTY
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, ~~only~~ Packed in cavity Fluid & Cotton, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed J. D. Hayes
Licensed Embalmer No. 1950
P. O. Address Drexel 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.