

FILED AUG 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26670

State File No.

BIRTH NO. REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 4150 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY OR TOWN <u>Bourbon</u>		c. CITY OR TOWN <u>Bourbon</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		e. STREET ADDRESS (If rural, give location) <u>0280</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNEST</u> b. (Middle) <u>Sylvester</u> c. (Last) <u>Crabtree</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 17 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>SEPT 2 1891</u>
9. AGE (In years last birthday) <u>62</u>		10. UNDER 1 YEAR Months <u>11</u> Days <u>15</u>	11. UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer -</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laboring</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Bourbon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alexander W. Crabtree</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Rose Goddard</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes W.W.I.</u>		16. SOCIAL SECURITY NO. <u>468-09-4763</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John W. Crabtree</u>		ADDRESS <u>Bourbon, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor PULMONALE</u> ANTECEDENT CAUSES DUE TO (b) <u>ASTHMA, BRONCHIAL</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>15 YEARS</u> <u>30 YEARS</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>241X</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)		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>Aug 6 1952</u> to <u>Aug 17 1954</u> , that I last saw the deceased alive on <u>Aug 13 1954</u> , and that death occurred at <u>5:45 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Richard T. Walden M.D.</u>		23b. ADDRESS <u>Bourbon, Missouri</u>	
23c. DATE SIGNED <u>Aug 17 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-19-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bourbon Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-18-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman P. Hoover</u>		ADDRESS <u>Cuba, Mo</u>	

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

SEP 1

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.....
Harman A. Jener

Licensed Embalmer No. *4673*

P. O. Address *Cuba, Me*

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.