No. 300
10.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 26722

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5383 Registrar's No. 62

330

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

**1. PLACE OF DEATH**
a. COUNTY: Dent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Gladden
c. LENGTH OF STAY (in this place): 48 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X

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

0330

**3. NAME OF DECEASED** (Type or Print)
a. (First): Luther
b. (Middle): -
c. (Last): Crain

**4. DATE OF DEATH** (Month) (Day) (Year): 8/31/54

**5. SEX**: male 0
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married
**8. DATE OF BIRTH**: Oct 8 1905
**9. AGE** (In years last birthday): 48 — 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): laborer
**10b. KIND OF BUSINESS OR INDUSTRY**: Farming
**11. BIRTHPLACE** (City and State or Foreign Country): Dent Co Mo 0
**12. CITIZEN OF WHAT COUNTRY?**: U S

**13a. FATHER'S NAME**: John Crain
**13b. MOTHER'S MAIDEN NAME**: Sarah ~~Xxxxxxx~~ Smallen
**14. NAME OF HUSBAND OR WIFE**: Elsie Mowery Crain

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No X
**16. SOCIAL SECURITY NO.**: 489 14 9962
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: 489 14 9962 Mrs Elsie Crain Turtle 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): Hepatic failure — 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): Metastatic Carcinoma — 6 mos
DUE TO (c): Carcinoma of Bowel — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
— 153X

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: Carcinoma of Bowel - Metastatic
**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* FEB, 1953 *to* Aug 29, 1954, *that I last saw the deceased alive on* Aug 29 1954, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): B. J. Bass M.D. 0
**23b. ADDRESS**: 4th + Pershing - Salem Mo
**23c. DATE SIGNED**: 9/1/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**24b. DATE**: 9/2/54
**24c. NAME OF CEMETERY OR CREMATORY**: Stonehill Cem
**24d. LOCATION** (City, town, or county) (State): Dent County Mo

**DATE REC'D BY LOCAL REG.**: 9-2-54
**REGISTRAR'S SIGNATURE**: M. M. Hart M.W. by [illegible] 83-1
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: [illegible] Salem Mo

(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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 83

P. O. Address Salem, W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.