

36942

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED DEC 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5390 Registrar's No. 85

0330

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

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural - Springcreek</u>		c. CITY OR TOWN <u>Salem</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 HOSPITAL OR INSTITUTION <u>xx</u>		e. STREET ADDRESS (If rural, give location) <u>East ann 32</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Roy</u> c. (Last) <u>Crandell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-28-54</u>
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>Sept 20 1895</u>
9. AGE (In years last birthday) <u>59</u>		10. MONTHS <u></u> DAYS <u></u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Radio-Television</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dent Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>		13a. FATHER'S NAME <u>Dr E. win Crandell</u>	
13b. MOTHER'S MAIDEN NAME <u>Laura houdeshell</u>		14. NAME OF HUSBAND OR WIFE <u>Wilma Crandell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wilma Crandell Salem 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>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Coronary Heart Disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation 4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>via known</u>	
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>11-22-54</u> to <u>11-28-54</u> , that I last saw the deceased alive on <u>11-28-54</u> , and that death occurred at <u>11:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. H. Hunt M.D.</u>		23b. ADDRESS <u>Salem Mo</u>	23c. DATE SIGNED <u>11/29/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-1-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stonehill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Stonehill Mo</u>
DATE REC'D BY LOCAL REG. <u>11-30-54</u>	REGISTRAR'S SIGNATURE <u>Dr. M. Hart, M.D. by Reg.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl R. Spence</u>	ADDRESS <u>Salem Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1957

**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.....  


Licensed Embalmer No. 2371

P. O. Address John W. ...

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.