

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

State File No. **40103**

FILED DEC 20 1954

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 340

1. PLACE OF DEATH
 a. COUNTY Roone
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia
 c. LENGTH OF STAY (in this place) 15 days
 d. FULL NAME OF HOSPITAL OR INSTITUTION Roone County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri COUNTY Boone
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ashland
 d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED (Type or Print)
 a. (First) Morris b. (Middle) _____ c. (Last) Crane
 4. DATE OF DEATH (Month) (Day) (Year) Dec. 11 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Feb. 13 1884
 9. AGE (In years last birthday) Months Days Hours Min. 70 9 28

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Operator & Painter Retired 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Crane 13b. MOTHER'S MAIDEN NAME Annie Colvin 14. NAME OF HUSBAND OR WIFE Jessie Crane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 497-16-3518A 17. INFORMANT'S SIGNATURE OR NAME Jerry Crane ADDRESS Ashland 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction
 ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic heart disease
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Essential Hypertension
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) Ashland Boone Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 Mar 10 1954 to Dec 11 1954, that I last saw the deceased alive on Dec 10 1954, and that death occurred at 2:00A m., from the causes and on the date stated above.

23a. SIGNATURE R.P. Sadecrony (Degree or title) MD. 23b. ADDRESS Columbia, Mo. 23c. DATE SIGNED 12-14-54

24a. BURIAL CREMATION REMOVAL (Specify) Burial 24b. DATE Dec. 13 1954 24c. NAME OF CEMETERY OR CREMATORY New Salem Cent. 24d. LOCATION (City, town, or county) (State) Ashland Mo.

DATE REC'D BY LOCAL REG. Dec 15 1954 REGISTRAR'S SIGNATURE Mrs R.E. Palmer 31-0 W.L. Burnett 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ashland Mo.

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

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
Student Embalmer

Signed *W^m L. Burnett* _____

Licensed Embalmer No. *3564* _____

P. O. Address *Ashland, 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.