No. 300
10.48

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

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1010

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Howard 0450
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fayette
c. LENGTH OF STAY (In this place) 2 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lee Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fayette 0450
d. STREET ADDRESS (If rural, give location) 607 W. Davis St.

3. NAME OF DECEASED (Type or Print)
a. (First) Elmina
b. (Middle) Chinn
c. (Last) Crews

4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1955

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 18, 1870
9. AGE (In years last birthday) 84
IF UNDER 1 YEAR Months 2 Days 9
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Howard Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George E. Chinn
13b. MOTHER'S MAIDEN NAME Amanda Leonora Settles
14. NAME OF HUSBAND OR WIFE Edward Turner Crews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME George E. Crews
ADDRESS Tulsa, Okla.

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days

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

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 331 X
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* Jan. 25, 1955, *to* Jan 27, 1955, *that I last saw the deceased alive on* Jan 27, 1955 *and that death occurred at* 7:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Mrs J. Shaw (Degree or title) M.D.
23b. ADDRESS Fayette, Mo.
23c. DATE SIGNED 29 Jan. 55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/29/55
24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery
24d. LOCATION (City, town, or county) Fayette, (State) Missouri

DATE REC'D BY LOCAL REG. 29 Jan 55
REGISTRAR'S SIGNATURE Mary L. Shello 43b
25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr
ADDRESS Fayette, Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 14 1935

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~~.....

working under my personal supervision.

Student Embalmer No.....

Signed Ralph A. Carr

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette 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.