

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12532**

BIRTH NO. _____ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **4284** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LA BELLE		c. CITY OR TOWN LEWISTOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) XXXXX		e. STREET ADDRESS (If rural, give location) 2 mi. SE LEWISTOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXXXXX			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) JAMES	b. (Middle) BUCY	c. (Last) CRANDALL	APRIL 12, 1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 1/27/1867	9. AGE (In years last birthday) 88	10. MONTHS 2 DAYS 15 HOURS 15 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) SCOTLAND CO. MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME RUSSELL CRANDALL	13b. MOTHER'S MAIDEN NAME HARIETT DUNN	14. NAME OF HUSBAND OR WIFE LYDIE CRANDALL
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. XXXXXXXXXX	17. INFORMANT'S SIGNATURE OR NAME LLOYD CRANDALL ADDRESS LEWISTOWN, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident.		DUE TO (b) Atherosclerosis.		30 days
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		UNKNOWN
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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 **Aug**, 19**52**, to **Apr 12**, 19**55**, that I last saw the deceased alive on **7 Apr**, 19**55**, and that death occurred at **DOA** m., from the causes and on the date stated above.

23a. SIGNATURE John W. Wilb. M.D. (Degree or title)	23b. ADDRESS Lewistown MO	23c. DATE SIGNED 12 April 55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4/13/55	24c. NAME OF CEMETERY OR CREMATORY LEWISTOWN
		24d. LOCATION (City, town, or county) (State) LEWISTOWN, MO.

DATE REC'D BY LOCAL REG. 4-13-55	REGISTRAR'S SIGNATURE P. W. Jennings, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Charles Crandall ADDRESS Lewistown, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

560
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 *Charles L. Arnold, Sr.*

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, M.

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.