

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42945

State File No.

10.300
10.48

FILED DEC 22 1955

BIRTH NO. 37212-55 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2813

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY OR TOWN <u>Palmyra</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>12 days</u>		• STREET ADDRESS (If rural, give location) <u>R. R. 0640/1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Crane</u> c. (Last) <u>Crane</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2, 1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 28, 1955</u>	9. AGE (In years last birthday) <u>6</u>	IF UNDER 1 YEAR Days <u>6</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Herbert Crane</u>	13b. MOTHER'S MAIDEN NAME <u>Myrtle Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Nil.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>Nil.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Herbert Crane, Palmyra, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>Birth</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia & heart decomp.</u>		
	ANTECEDENT CAUSES As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mega colon</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.			

19a. DATE OF OPERATION <u>11-26</u>	19b. MAJOR FINDINGS OF OPERATION <u>Colon dilated down to sigmoid 7562</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u> </u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u> </u>

22. I hereby certify that I attended the deceased from 11-14, 1955, to 12-1, 1955, that I last saw the deceased alive on 12-1, 1955, and that death occurred at 3 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Peter H. Dumas</u> (Degree or title) <u> </u>	23b. ADDRESS <u>634 N. Grand</u>	23c. DATE SIGNED <u>12-5-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-8-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Palmyra Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Palmyra, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>12-2-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dumas</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *G. W. Wilkinson*.....

Licensed Embalmer No. *35*.....

P. O. Address *St. Louis*.....

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.