

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12301

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Butler</b>		c. CITY OR TOWN <b>Butler</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>50 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>308 W. Harrison</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>McGuire's Grocery Store</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>James</b>	b. (Middle) <b>Fredric</b>	c. (Last) <b>Crabtree</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 7, 1956</b>
-------------------------------------	-------------------------	----------------------------	---------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 1, 1878</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
-----------------------	----------------------------------	--	---	--	---------------------------	--------------------------	---------------------------	---------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery store</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bates Co., Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	--	---

13a. FATHER'S NAME <b>Thomas A. Crabtree</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Ann Covington</b>	14. NAME OF HUSBAND OR WIFE <b>Katherine Crabtree</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>493 34 8965</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clyde Crabtree Urick, Missouri</b>	ADDRESS
---	---	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b>		<b>Sudden</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Coronary athero-sclerosis.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>3 Mo.</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4501</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Jan 10, 1956**, to **Apr 7, 1956**, that I last saw the deceased alive on **Apr 7, 1956**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Clyde H. Butler M.D.</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Butler, Mo.</b>	23c. DATE SIGNED <b>4/19/56</b>
---	-------------------------------	------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-10-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Butler, Missouri</b>
--	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>Apr: 19-56</b>	REGISTRAR'S SIGNATURE <b>Rendall Kerney</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hubert Underwood Little, Mo.</b>	ADDRESS
---	--	---	---------

(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 *Robert G. Steubbeck*.....

Licensed Embalmer No. *462*

P. O. Address *Butte*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.