

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21021**

FILED JUN 28 1956

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **110**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Lebanon		c. CITY OR TOWN Kansas City Mo	
c. LENGTH OF STAY (In this place) 1 Day		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Memorial Hospital			
• STREET ADDRESS 2618 Holmes		34881	

3. NAME OF DECEASED (Type or Print)	a. (First) Elmer	b. (Middle) Clyde	c. (Last) Crain	4. DATE OF DEATH (Month) (Day) (Year)
				June 19 56

5. SEX Male	6. COLOR OR RACE White	7. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify) Divorced	8. DATE OF BIRTH July 22, 1910	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator	10b. KIND OF BUSINESS OR INDUSTRY Factory	11. BIRTH PLACE (City and State or Foreign Country) Crowford Co. Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Walter Crain	13b. MOTHER'S MAIDEN NAME Roberta Faris	14. NAME OF HUSBAND OR WIFE Lula White K.C. Kansas
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 497-05-2057	17. INFORMANT'S SIGNATURE OR NAME Jimmy Crain	ADDRESS K.C. Kansas
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforated peptic ulcer		20 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Recurrent duodenal ulcer		
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 5411	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **6-18-1956**, to **6-19-1956**, that I last saw the deceased alive on **6-19-1956**, and that death occurred at **2:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE B B Hurst, M.D. (Degree or title)	23b. ADDRESS Lebanon, Mo.	23c. DATE SIGNED 6-19-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 20, 1956	24c. NAME OF CEMETERY OR CREMATORY Roach Cemetery	24d. LOCATION (City, town, or county) (State) Camden Co Mo.
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DATE REC'D BY LOCAL REG. 6-19-1956	REGISTRAR'S SIGNATURE Hella L. May	25. FUNERAL DIRECTOR'S SIGNATURE Banks-Walker Funeral Home	ADDRESS Camden Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7 JUN 28 1956

Received 6-25-56

Laclede County Health Unit

File No. 110

Date Filed 6-25-56

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 H. Reed

Licensed Embalmer No. 3743

P. O. Address Camdenton

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.