

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29965

STATE FILE NUMBER

FILED OCT 3 1956

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 486

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 110 E. Cole Ave.			Length of stay in 1b 45 yrs.		d. STREET (If outside, give location) ADDRESS 110 E. Cole Ave			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First NOAH Middle EDWARD Last CRAIN				4. DATE OF DEATH Month 9 Day 23 Year 56				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 25, 1897		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months 0 Days 12 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith			10b. KIND OF BUSINESS OR INDUSTRY Blacksmith		11. BIRTHPLACE (City and state or country) Carterville, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Cornelius Crain				14. MOTHER'S MAIDEN NAME Sarah Crowther				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO. 491-26-5571		17. INFORMANT Mrs. William Crain			Address Poplar Bluff, MO
18. CAUSE OF DEATH [Enter only one cause per line in (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Coronary Atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH 2 mo ?	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from July 1955 to 23 Sept 56 and last saw her 7/21/56 alive on 10/4/56 at 10:45 am on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE W. H. Harrison MD				22b. ADDRESS Poplar Bluff, Mo.		22c. DATE SIGNED 22/9/56		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-25-56	23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.			
24. FUNERAL DIRECTOR Greer Crov & Fitch			ADDRESS Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG 9/29/56		26. REGISTRAR'S SIGNATURE W. H. Harrison	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

OCT 1 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

NOV 1 8 1956

NOV 9 1961

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 *Ray P. Adams*
Licensed Embalmer No. *44*

P. O. Address *Ray P. Adams*

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.