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diseases in Part I, must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35158
STATE FILE NUMBER

FILED OCT 23 1956

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 359

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre, Mo. Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp. Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Farmington, Mo. Rt. 2 Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Henry Middle Elliott Last Crabdree

4. DATE OF DEATH Month Oct. Day 13 Year 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Nov. 9, 1891
9. AGE (In years last birthday) 64
IF UNDER 1 YEAR: Months 11 Days 4 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Perry Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John Henry Crabdree
14. MOTHER'S MAIDEN NAME Della Noltkamper

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 488-50390
17. INFORMANT Mrs. H. E. Crabdree Address Farmington, Mo. Rt 2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs.
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) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Feb 1954 to Oct 13, 1956 and last saw him alive on Oct 13 1956
Death occurred at 4:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. E. Carleton (Degree or title) MD
22b. ADDRESS Farmington Mo
22c. DATE SIGNED 10-15-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 15, 1956
23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery
23d. LOCATION (City, town, or county) Farmington, Mo. (State) Mo.

24. FUNERAL DIRECTOR C. H. Cozean ADDRESS Farmington, Mo
25. DATE RECD. BY LOCAL REG. Oct. 15, 1956
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.