

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38819

FILED DEC 12 1956

STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 5789=St. James Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. James</u>		c. CITY OR TOWN <u>East Prairie, Missouri</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North West East Prairie, Life</u>		d. STREET ADDRESS No. <u>West of East Prairie</u>	
3. NAME OF DECEASED (Type or print) <u>Ray Cecil Crews</u>		4. DATE OF DEATH <u>December 1, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>January 31, 1900</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>	9c. AGE (In years last birthday) <u>56</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>	10c. BIRTHPLACE (City and state or country) <u>Near East Prairie, Missouri</u>
11. BIRTHPLACE (City and state or country) <u>Near East Prairie, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>George M. Crews</u>		14. MOTHER'S MAIDEN NAME <u>Cora E. Wood</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Verlie Crews, East Prairie, Mo.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> <u>Arteriosclerosis</u> 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 <u>5 Min.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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 <u>attended occasions only</u> and last saw her/him alive on <u>Dec. 1, 1956</u> Death occurred at <u>3:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <u>Travis Shelby, Coroner</u>		22a. ADDRESS <u>East Prairie, Mo.</u>	22c. DATE SIGNED <u>12-1-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-3-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dogwood</u>	23d. LOCATION (City, town, or county) (State) <u>North West East Prairie, Mo.</u>
24. FUNERAL DIRECTOR <u>Travis Shelby Jr. East Prairie, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-6-56</u>	26. REGISTRAR'S SIGNATURE <u>Gertrude L. Harper</u>

00
56

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

MEDICAL CERTIFICATION

17-0

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed _____

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed _____

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 *Thomas Shelby Jr.*

Licensed Embalmer No. *49*

P. O. Address *East Point*

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.