

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42001**

FILED DEC 31 1956

BIRTH NO. _____ REG. DIST. NO. **169** PRIMARY REG. DIST. NO. **4258** Registrar's No. **79**

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0520	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Celeste	b. (Middle) Agnes	c. (Last) Crank	4. DATE OF DEATH (Month) (Day) (Year) 12-25-1956
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 16 1898	9. AGE (In years last birthday) 58	# UNDER 1 YEAR	# UNDER 1 MONTH	# UNDER 1 HOUR	# UNDER 1 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Edina Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Albert Frobes	13b. MOTHER'S MAIDEN NAME Martha Cody	14. NAME OF HUSBAND OR WIFE Alexander Burton Crank
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 0	17. INFORMANT'S SIGNATURE OR NAME Mrs. Francis Pflum ADDRESS Edina, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis with myocardial infarction DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Unknown	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4201
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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 **Aug. 28, 1956**, to **Dec. 25, 1956**, that I last saw the deceased alive on **Dec. 24, 1956**, and that death occurred at **5:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. H. Gibson, D.D.	23b. ADDRESS Edina, Mo.	23c. DATE SIGNED Dec. 26, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-28-1956	24c. NAME OF CEMETERY OR CREMATORY St. Joseph's New Cath.	24d. LOCATION (City, town, or county) (State) Edina Missouri
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DATE REC'D BY LOCAL REG. Dec. 26, 56	REGISTRAR'S SIGNATURE Helle S. Dunolt	25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Kriegerhaus ADDRESS Edina Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

85-20
S. No. 300
V. 10-48

VS
MAR 1 1960

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
Student Embalmer

Signed Paul C. Kueghausen

Licensed Embalmer No. 4085

P. O. Address Edina Mo.

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 this body is not embalmed, fact should be so stated above.