

FILED FEB 25 1957

## STANDARD CERTIFICATE OF DEATH

3744

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph 0113 0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Mo. Meth. Hosp. Lifetime			Length of stay in 1b			d. STREET ADDRESS 2616 Buehler St., (If outside, give location)				
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
3. NAME OF DECEASED (Type or print) Dexter Crane			First Middle Last Dexter W. Crane			4. DATE OF DEATH Feb. 13, 1957 Month Day Year				
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 Jan. 19 1892				
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed			10b. KIND OF BUSINESS OR INDUSTRY News Stand		11. BIRTHPLACE (City and state or country) St. Joseph, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME William M. Crane				14. MOTHER'S MAIDEN NAME Anna Tourbier						
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. 491-24-5211		17. INFORMANT Address Doris Crane (wife), St. Joseph, Mo.					
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 Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Deceased as an unattended death in DUE TO (c) the city of St. Joseph, Mo. 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			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20c. TIME OF INJURY Hour Month, Day, Year 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 viewed the deceased from 2-14-57 to _____ and last saw him alive on _____ Death occurred at 10:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE Richard L. Maguire M.D. Health Officer			(Degree or title) Assistant City S			22b. ADDRESS Phys & Surg Bldg 216 - City		22c. DATE SIGNED 2-16-57		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)		
Burial		Feb. 16, 1957		Mt. Auburn Cemetery		St. Joseph, Missouri				
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc. St. Joseph, Mo.			25. DATE RECD. BY LOCAL REG. Feb 21, 1957			26. REGISTRAR'S SIGNATURE Catherine M. Allison				

(Licensed Embalmer's Statement on Reverse Side)

Birth, affare  
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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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 *[Handwritten Signature]*

Licensed Embalmer No. 4679

P. O. Address St. Joseph, M

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.