

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9495**

FILED MAR 18 1957

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho	c. LENGTH OF STAY (In this place) most of	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho 0732	
d. FULL NAME OF HOSPITAL OR INSTITUTION 701 Joplin St.		d. STREET ADDRESS (If rural, give location) 701 Joplin St.	

3. NAME OF DECEASED (Type or Print) a. (First) Edith	b. (Middle) Annie	c. (Last) Crabtree	4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 4, 1873	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. 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 Homemaking	11. BIRTHPLACE (State or foreign country) Marysville, Mo.	12. CITIZENSHIP OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Albert Dew	13b. MOTHER'S MAIDEN NAME Susan Drane	14. NAME OF HUSBAND OR WIFE Deceased
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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. None	17. INFORMANT'S SIGNATURE OR NAME Cordia Harrington, ADDRESS Neosho, 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, asphyxia, etc. - It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? 2 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) 332x
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Oct-12-**, 19**55**, to **2-10-**, 19**57**, that I last saw the deceased alive on **2-10-**, 19**57**, and that death occurred at **9:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Melvin McCullough (Degree or title) Dr.	23b. ADDRESS 2420 W. Sherman Neosho Mo	23c. DATE SIGNED 3/9/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-15-57	24c. NAME OF CEMETERY OR CREMATORY Ragan Cemetery	24d. LOCATION (City, town, or county) (State) Newton County, Mo.
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DATE REC'D BY LOCAL REG. 3-13-57	REGISTRAR'S SIGNATURE Melvin C. Bowman	25. FUNERAL DIRECTOR'S SIGNATURE Clark Funeral Home ADDRESS Neosho, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No. *Newton*

District File Number *327-29*

Date Filed **MAR 15 1957**

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed *W. E. Hudson*
Student Embalmer No.....

Licensed Embalmer No. *1770*

P. O. Address *Caplin, 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.