

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16547

State File No. _____

FILED JUN 12 1957

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>five weeks</u>		e. STREET ADDRESS (If rural, give location) <u>814 East Capitol Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>	b. (Middle) <u>MARSHALL</u>	c. (Last) <u>CRAIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 8th 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Febr 27th 1897</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Prison Guard (Lieut)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>State Govt (Prison)</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Stoddard County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George A. Crain</u>	13b. MOTHER'S MAIDEN NAME <u>Gurica Wright</u>	14. NAME OF HUSBAND OR WIFE <u>Mayme Davis Crain</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>WW # 1</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mayme Crain</u>	ADDRESS <u>Jefferson City, Mo.</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured intercostal septum</u>	DUE TO (b) <u>Myocardial infarction</u>	<u>30 days</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Multiple pulmonary emboli with infarct, Acute proctitis, Acute cystitis</u>	DUE TO (c) <u>Arteriosclerotic heart disease</u>	<u>37 days</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4 200</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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?

22. I hereby certify that I attended the deceased from April 30, 1957, to June 8, 1957, that I last saw the deceased alive on June 7, 1957, and that death occurred at 12:35A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Donald Shultz M.D.</u>	23b. ADDRESS <u>521 E. High Jefferson City, Mo.</u>	23c. DATE SIGNED <u>June 9, 1957</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 10th '57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bloomfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bloomfield, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9 June 1957</u>	REGISTRAR'S SIGNATURE <u>R.P. Dorris, M.D. M.R.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James L. ...</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

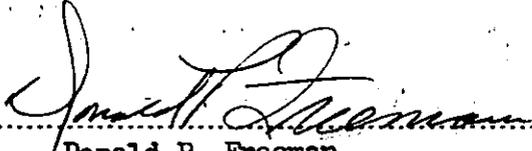
JUN 20 1957

JUN 18 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 Student Embalmer No. working under my personal supervision.:

Student
Signature of Student Embalmer

Signed 
Donald P. Freeman
Licensed Embalmer No. 4623
Jefferson City,
P. O. Address Missouri

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.