

FILED JUN 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18188**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **82**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY Phelps	
b. CITY OR TOWN Rolla		c. CITY OR TOWN Newburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mc Farland Nursing Home		e. STREET ADDRESS (If rural, give location) 0810	

3. NAME OF DECEASED (Type or Print) a. (First) CRANSON b. (Middle) William c. (Last) COMER			4. DATE OF DEATH (Month) (Day) (Year) MAY 27 1957		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH July 28-1871		9. AGE (In years last birthday) 85		10. UNDER 1 YEAR Days 9 Hours 29 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Decorah Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE Alice Comer		
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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. 500-09-9500		17. INFORMANT'S SIGNATURE OR NAME Susie Roach ADDRESS Newburg			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 6 MO.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Advanced arterio-sclerosis						yes	
		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 332X 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **12-17, 1956**, to **5-27, 1957**, that I last saw the deceased alive on **5-6, 1957**, and that death occurred at **6:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE James M. Myers (Degree or title) MD			23b. ADDRESS Rolla Mo.		23c. DATE SIGNED 5/28/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/29/57	24c. NAME OF CEMETERY OR CREMATORY MT Olive		24d. LOCATION (City, town, or county) (State) Newburg Mo	
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DATE RECD BY LOCAL REG. May 28, 1957		REGISTRAR'S SIGNATURE Dadone L Stoll		25. FUNERAL DIRECTOR'S SIGNATURE Lee Johnson ADDRESS Newburg Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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380

RECEIVED

Phelps County Health Officer,

County File Number 722

Date Filed JUN 4 - 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 William Lee STRAWHUN..... Student Embalmer No. 543..... working under my personal supervision..

Student William Lee Strawhun
Signature of Student Embalmer

Signed L. Johnson

Licensed Embalmer No. 339

P. O. Address Newber

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.