

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31300**

FILED OCT 15 1957

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5385 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Dent	
b. CITY (If outside appropriate limits, write RURAL and give township) OR TOWN rural- Meramec	c. LENGTH OF STAY (In this place) 3 yrs	c. CITY OR TOWN Salem	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 12 mi, east of 72 H W		e. STREET ADDRESS (If rural, give location) xx	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) George	b. (Middle) Washington	c. (Last) Crabtree	(Month) Oct	(Day) 5	(Year) 1957

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 11 1871	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and State or Foreign Country) Montauk Mo	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Wm Crabtree	13b. MOTHER'S MAIDEN NAME America White	14. NAME OF HUSBAND OR WIFE Myrtle Belle White
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) x	17. INFORMANT'S SIGNATURE OR NAME Mrs Wiley Teague	ADDRESS Salem Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage	ANTECEDENT CAUSES Morbid conditions, (if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (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.	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? 331x 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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on **Oct 5, 1957**, and that death occurred at **1:45 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Walter Mearns (Degree or title) D	23b. ADDRESS Salem, Missouri	23c. DATE SIGNED 10/7/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-7-57	24c. NAME OF CEMETERY OR CREMATORY Montauk Cem	24d. LOCATION (City, town, or county) (State) Montauk Mo
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DATE REC'D BY LOCAL REG. 10/7/57	REGISTRAR'S SIGNATURE M. M. Hart, M. D. by [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Carl H. Spencer

Licensed Embalmer No. 232

P. O. Address Salem

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.