

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39128

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 137

V. S. 300
ev. 1-57
0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION Butler Hospital		Length of stay in job 2 hrs.	d. STREET ADDRESS (If outside, give location) unknown Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Thomas Middle Joseph Last Crain			4. DATE OF DEATH Month Dec. Day 1 Year 1957
5. SEX male	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Aug 16 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months Days Hours Min.
13a. FATHER'S NAME John Crain		13b. MOTHER'S MAIDEN NAME Lee Osborne Craib	11. BIRTHPLACE (City and state or country) Tennessee 12. CITIZEN OF WHAT COUNTRY? USA
14. NAME OF HUSBAND OR WIFE single		17. INFORMANT Address J E Crain-Nashville Tenn	
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. 410-09-4445	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Primary shock			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
DUE TO (b) Multiple severe internal injuries			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple severe internal injuries			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) automobile accident	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. between 2 and 3 a.m., Dec. 1, 1957			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on highway #71	20f. CITY, TOWN, OR LOCATION COUNTY STATE Butler 001 Bates Missouri
21. I attended the deceased from only time seen to her and last saw him alive on 5:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thomas A. Lusk Jr M.D.		22b. ADDRESS Butler Missouri	22c. DATE SIGNED 12/2/57
23a. BURIAL, CREMATION, REMOVAL Burial	23b. DATE Dec 4th/57	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	23d. LOCATION (City, town, or county) (State) Nashville Tenn.
24. FUNERAL DIRECTOR ADDRESS Culver Underwood-Butler Mo.		25. DATE RECD. BY LOCAL REG. Dec 5-1957	26. REGISTRAR'S SIGNATURE Kendall Kersing

7-0

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 *Robert R. Steinbeck*

Licensed Embalmer No. *4657*

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