

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-013956
State File No.

FILED MAY 12 1958

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4206 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Hampton</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>	c. CITY OR TOWN <u>New Hampton</u> d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>410</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>North Part of New Hampton,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Norman</u> b. (Middle) <u>W.</u> c. (Last) <u>Crane</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 5, 1869</u>		9. AGE (In years last birthday) <u>88</u> IF UNDER 1 YEAR Months Days IF UNDER 1 Wks. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri Gentry Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John W. Crane</u>		13b. MOTHER'S MAIDEN NAME <u>America Weathered</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Crane (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Miller McFall, Mo.</u> ADDRESS _____	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of descending Colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> <u>2 yr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ulcer of Stomach</u>		
	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? 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) <u>1532</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 MAY 3, 1958, to MAY 4, 1958, that I last saw the deceased alive on MAY 4, 1958, and that death occurred at 12:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. L. Brown, D.O., of New Hampton Mo</u> (Degree or title)		23b. ADDRESS _____	23c. DATE SIGNED <u>5-5-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 6, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carter Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gentry Co. Mo.</u>

DATE REC'D BY LOCAL REG. <u>5-5-1958</u>	REGISTRAR'S SIGNATURE <u>Jella Mays</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Noble & Son</u>	ADDRESS <u>New Hampton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0410

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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 J. M. S......, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. H. Noble.....

Licensed Embalmer No. 2904

P. O. Address New Hospital

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.