

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **58-022881**

FILED JUN 18 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4427** Registrar's No. **94**

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Waynesville, Mo.</b>		c. LENGTH OF STAY (In this place) <b>2 days</b>	c. CITY OR TOWN <b>Ellis Prairie</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Waynesville, General Hosp.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		• STREET ADDRESS <b>X 1070</b> (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Connie</b> b. (Middle) <b>Marie</b> c. (Last) <b>Crabtree</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 29, 1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>child</b>	8. DATE OF BIRTH <b>Jan. 10, 1957</b>	9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>X</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Hart Clinic, Salem, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>

13a. FATHER'S NAME <b>Paul Crabtree</b>		13b. MOTHER'S MAIDEN NAME <b>Della Gorman Crabtree</b>		14. NAME OF HUSBAND OR WIFE <b>X</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>X</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Paul Crabtree Ellis Prairie</b>	

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.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac &amp; pulmonary arrest</b>		ANTECEDENT CAUSES			
DUE TO (b) <b>severe pyrexia &amp; debilitation</b>		DUE TO (c) <b>Viral meningitis</b>			
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? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <b>3403</b>	
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 27, 1958**, to **May 29, 1958**, that I last saw the deceased alive on **May 29, 1958**, and that death occurred at **6:00p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>B. J. Myers</b> (Degree or title) <b>D.D.</b>		23b. ADDRESS <b>Picking, Mo.</b>		23c. DATE SIGNED <b>6-2-58</b>	
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24a. BURIAL, CREMATION, REINTERMENT (Specify) <b>Burial</b>		24b. DATE <b>May 31, 1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Patterson Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Texas County, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>6-11-58</b>		REGISTRAR'S SIGNATURE <b>Eula Mae Anderson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>R. Pinner Salem, Mo.</b>	
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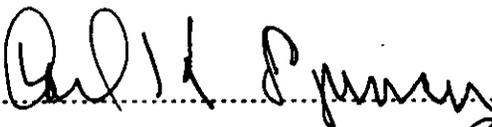
(Licensed Embalmer's Statement on Reverse Side)

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..... 

Licensed Embalmer No. 337

P. O. Address Salmon

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.