

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026303

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Prairie Home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Latham Sanitarium</u>		Length of stay in lb <u>6 Hrs</u>	d. STREET ADDRESS (If outside, give location) <u>4 W. W. Prairie Home</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Maude</u> Middle <u>(Mrs)</u> Last <u>Crabtree</u>			4. DATE OF DEATH Month <u>July</u> Day <u>28</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 23, 1912</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS.: Hours <u>0</u> Min. <u>0</u>	
11. BIRTHPLACE (City and state or country) <u>Linn Creek, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. U.</u>		

13a. FATHER'S NAME <u>James Fletcher</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Croy</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Crabtree</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Norma Crabtree</u> Address <u>Springfield, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Thermal burns of entire body</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		9160 16	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <u>Gas heater blew up and burned her</u>	
20c. TIME OF INJURY Hour <u>9</u> a.m. <u>7-27-58</u> p.m.			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm home</u>	20f. CITY, TOWN, OR LOCATION <u>Prairie Home</u> COUNTY <u>Cooper</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>7-27-58</u> , to <u>7-28-58</u> and last saw her alive on <u>7-28-58</u> Death occurred at <u>1:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>Keyson Latham M.D.</u> 3		22b. ADDRESS <u>California, Mo</u>		22c. DATE SIGNED <u>7-30-58</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>30 July 58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Versailles, Cemetery</u>		23d. LOCATION (City, town, or country) (State) <u>Versailles, Mo.</u>	
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24. FUNERAL DIRECTOR <u>W. F. Kidwell</u> ADDRESS <u>Versailles, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7/30/58</u>		26. REGISTRAR'S SIGNATURE <u>Walter L. Popejoy</u>	
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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AUG 6 1958

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 *Raymond C. Forbes*

Licensed Embalmer No. *4526*

P. O. Address *Versailles, 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.