

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028260
STATE FILE NUMBER

FILED **AUG 18 1958** Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **879**

5. 300
1-57
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1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Odessa Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. #2		Length of stay in lb 9 days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last EARL E. CRABTREE			4. DATE OF DEATH Month Day Year Aug. 14, 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 31, 1897	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Strother Crabtree	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) West Virginia	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Strother Crabtree	13b. MOTHER'S MAIDEN NAME (Unknown) Frazer	14. NAME OF HUSBAND OR WIFE Mildred Crabtree
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mildred Crabtree, Odessa, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute cerebral thrombi	21 days
	DUE TO (c) Chronic Arteriosclerotic heart disease	unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **Aug. 5, 1958** to **Aug. 14, 1958** and last saw her alive on **Aug. 14, 1958**
Death occurred at **11:50 P.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H F Mundy M.D. (Degree or title)	22b. ADDRESS St Joseph Mo	22c. DATE SIGNED Aug 15-1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/15/58	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Odessa, Missouri
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24. FUNERAL DIRECTOR Heatac Bowman	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Aug 15, 1958	26. REGISTRAR'S SIGNATURE Wm. Clark Standell
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Doctor, coroner, etc. may 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
 MEDICAL CERTIFICATION

SEP 4 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 *John V. Henick, Jr.*

Licensed Embalmer No. *4848*

P. O. Address *K. G. ...*

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.