

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028079

FILED VS AUG 24 1959

Registration District No.

Primary Registration District No. 3004

Registrar's No.

63

STATE FILE NUMBER

DED

|   |  |   |  |   |  |  |   |       |
|---|--|---|--|---|--|--|---|-------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Barton</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b> |  |  |   |       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Lamar</b>   |  | Length of stay in 1b<br><b>10 years</b>   |  | c. CITY OR TOWN <b>Lamar</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>700 East 11th</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>700 East 11th - Lamar MO</b> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |       |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Wibliam Hubert Crandorff</b>   |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>Aug 21 1959</b>  |  |  |   |       |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>Jan 17 1884</b>  | 9. AGE (last birthday)<br><b>75</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.  | IF UNDER 24 HR<br>Hours Min.  |       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Farmer</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (City and state or country)<br><b>Barton Mo</b>                   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |       |
| 13a. FATHER'S NAME<br><b>Wibliam A. Crandorff</b>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah A. Ralls</b>                                   |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Edna Rachel D</b>  |   |       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)   |  |   | 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT<br>Address<br><b>VERNON Crandorff IN the MO</b>                    |  |   |       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b>  |  |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 days</b>                                    |       |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)<br>DUE TO (b)<br>DUE TO (c)   |  |   |  |   |  |  |   |       |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |       |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input 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.)  |  |  |   |       |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.   |  | Month, Day, Year  |  |   |  |  |   |       |
| 20d. INJURY OCCURRED WHILE AT WORK <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 |
| 21. I attended the deceased from <b>June 1 8 30 am</b> to <b>Aug 10 57</b> and last saw her him alive on <b>Aug 20 59</b><br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |  |  |   |       |
| 22a. SIGNATURE<br><b>D.R. Guedner</b> (Degree or title)   |  |   |  | 22b. ADDRESS<br><b>LAMAR</b>  |  |  | 22c. DATE SIGNED<br><b>8 21 59</b>  |       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 23b. DATE<br><b>Aug 23 59</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mount Lebanon</b>                           |   | 23d. LOCATION (City, town, or county) (State)<br><b>Barton Missouri</b>          |  |   |       |
| 24. FUNERAL DIRECTOR<br><b>Glenn &amp; Child</b> ADDRESS<br><b>Lamar Mo</b>   |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>AUG 22 '59</b>                                    |   | 26. REGISTRAR'S SIGNATURE<br><b>Marie Tenants</b>                                |  |   |       |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence W. Clark

Licensed Embalmer No. 3412

P. O. Address Lamar 7110

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.