RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-038632
STATE FILE NUMBER

FILED VS NOV 15 1960 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 529

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1. PLACE OF DEATH a. COUNTY: JACKSON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: MISSOURI b. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: INDEPENDENCE — Length of stay in 1b: 48 yrs.	c. CITY OR TOWN: INDEPENDENCE — Inside Limits: Yes XX No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: D.O.A. INDEP. SANTARIUM — Inside Limits: Yes XX No ☐	d. STREET ADDRESS (If outside, give location): 1811 DRUMM — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print)	First: CAROL	Middle: ELIZABETH	Last: CRABTREE	4. DATE OF DEATH	Month: NOVEMBER Day: 6, Year: 1960
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. Married XX Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 4-12-1912	9. AGE (last birthday): 48	IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC	11. BIRTHPLACE (City and state or country): INDEPENDENCE, MO.	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: FRANK ROBERTS	13b. MOTHER'S MAIDEN NAME: EFFIE HAYNER	14. NAME OF HUSBAND OR WIFE: GLENN C. CRABTREE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO	16. SOCIAL SECURITY NO.: 490-09-1219	17. INFORMANT: Glenn C. Crabtree, Address: 1811 Drumm, Indep., Mo.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Shock & Hemorrhage resulting — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): [illegible]

DUE TO (c): [illegible]

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible]	22b. ADDRESS: 6627 [illegible]	22c. DATE SIGNED: 11-7-60
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 11-8-60	23c. NAME OF CEMETERY OR CREMATORY: FLORAL HILLS CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY, MISSOURI		
24. FUNERAL DIRECTOR ADDRESS: GEO.C.CARSON & SONS, INDEPENDENCE, MO.	25. DATE RECD. BY LOCAL REG.: 11-8-60	26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

3 1960

APR 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Leroy J Tyler

Licensed Embalmer No. 4941

P. O. Address Independe

SEP 25 1961

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.