

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 4 1961

-60-045337

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 4071 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Camdenton		Length of stay in 1b 2yrs	c. CITY OR TOWN Camdenton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Camdenton - Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 105 N. Hwy 5
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last William Franklin Crall			4. DATE OF DEATH Month Day Year Dec. 30 -1960		
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 5-6-1899	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min. 7 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Camden County		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry H. Crall		13b. MOTHER'S MAIDEN NAME Mollie Coleman		14. NAME OF HUSBAND OR WIFE Susie Crall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 492-10-3319	17. INFORMANT Address Mrs Susie Crall, Camdenton Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) NEURO-CIRCULATORY COLLAPSE		INTERVAL BETWEEN ONSET AND DEATH 36 Hours
DUE TO (b) METASTATIC CARCINOMA		
DUE TO (c) BRONCHOGENIC CARCINOMA.		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? 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 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 CAMDENTON, MO.	COUNTY CAMDENTON, MO.	STATE
21. I attended the deceased from MARCH - 1960 to 12-30-60 and last saw ^{her} alive on 12-30-60 Death occurred at 6:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE R.A. Kelly M.D.		22b. ADDRESS CAMDENTON, MO.	22c. DATE SIGNED 1-2-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 1-1961	23c. NAME OF CEMETERY OR CREMATORY Blair Memorial Cemetery	23d. LOCATION (City, town, or county) (State) Camdenton Missouri

24. FUNERAL DIRECTOR Reed Funeral Home, Camdenton Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Jan. 2-1961	26. REGISTRAR'S SIGNATURE Zilpha J. Traw,
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(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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camdenon Md

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