

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045595

FILED VS DEC 28 1960

109

Primary Registration District No. 4180

Registrar's No. 34

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Dunklin		b. CITY (If outside corporate limits, give TOWNSHIP only) OR Campbell		a. STATE Missouri		b. COUNTY Dunklin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 509 S. Main St.		Length of stay in 1b 9 Years		c. CITY OR TOWN Campbell		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 509 S. Main St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First CYRUS		Middle EDWARD		Last CRANFORD		Month Day Year December 10, 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 2-27-1892	9. AGE (last birthday) 68	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) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Cleburn Co, Arkansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Cranford			13b. MOTHER'S MAIDEN NAME Mary Thornton		14. NAME OF HUSBAND OR WIFE Vessie Cranford		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Vessie Cranford Campbell, Mo			
				Address 509 S. Main			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Terminal Broncho-pneumonia						4 days.	
DUE TO (b) Severe General Arteriosclerosis						4 years +	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pinned Subtrochanteric Fracture Right Femur						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 checked="" 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 2/4/60 to 12/10/60 and last saw ^{her} him alive on 12/10/60 . Death occurred at 8:46 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Wallace Belsey M.D.				22b. ADDRESS Campbell Mo.		22c. DATE SIGNED 12/13/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-12-1960	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		23d. LOCATION (City, town, or county) Campbell, Missouri		(State)	
24. FUNERAL DIRECTOR Lloyd Russell Piggott, Arkansas				25. DATE RECD. BY LOCAL REG. 12/13/1960		26. REGISTRAR'S SIGNATURE Mr. Duval Campbell	

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
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gerald W. Hoggan

Licensed Embalmer No. 1116

P. O. Address Puyget

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