RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEC 27 1960

-60-045664
STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 5444 Registrar's No. 100

NDED

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Athens — Length of stay in 1b: 19 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Gentry
c. CITY OR TOWN: 4 mi. N.W. New Hampton. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Elmo Middle: Emery Last: Crabtree
4. DATE OF DEATH: Month: Dec. Day: 12, Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/10/05
9. AGE (last birthday): 55
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): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and state or country): Gentry Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John E. Crabtree
13b. MOTHER'S MAIDEN NAME: Ticia Smith
14. NAME OF HUSBAND OR WIFE: Maxine Crabtree (wife)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 7/14/42 - 3/26/43
16. SOCIAL SECURITY NO.: 496-42-1178
17. INFORMANT: Mrs. Maxine Crabtree. Address: New Hampton, 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) Fracture of 3rd cervical vertebra + spinal cord by hanging
DUE TO (b)
DUE TO (c) despondency due to ill health
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH
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.) Hanging cord around neck at farm home.
20c. TIME OF INJURY: Hour ~~a.m.~~ 12:00 p.m. Month, Day, Year: 12-12-60
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.): out house near home
20f. CITY, TOWN, OR LOCATION: R.F.D. New Hampton. COUNTY: Gentry STATE: MO

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: Jack A. Barnes (Degree or title) D.O. Coroner Gentry Co.
22b. ADDRESS: King City Mo
22c. DATE SIGNED: 12-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 14, 1960
23c. NAME OF CEMETERY OR CREMATORY: Lone Star Cemetery
23d. LOCATION (City, town, or county) (State): Gentry Co. Mo.

24. FUNERAL DIRECTOR: Noble Funeral Home. ADDRESS: New Hampton, Mo.
25. DATE RECD. BY LOCAL REG.: 12-18-60
26. REGISTRAR'S SIGNATURE: Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 28 1960

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_____ Signed William Lange Noble

Signature of Student Embalmer

Licensed Embalmer No. 4987

P. O. Address Bethany,

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.