MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 2 5 1961

-61-000455
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. —— Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fisk — Length of stay in 1b: 45 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Route # 1 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Butler
c. CITY OR TOWN: Fisk — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route # 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: LOREN Middle: LESTER Last: CRAIN
4. DATE OF DEATH: January 9, 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-4-1895
9. AGE (last birthday): 65 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - - -
11. BIRTHPLACE (City and state or country): Near Carterville, Ill.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Cornelius Crain
13b. MOTHER'S MAIDEN NAME: Sarah Crouther
14. NAME OF HUSBAND OR WIFE: Emma Crain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT — Address: Mrs. Emma Crain Rt. # 1 Fisk, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

	Cause	Interval between onset and death
IMMEDIATE CAUSE (a)	Coronary Occlusion	Minutes
DUE TO (b)	Cardiac Decompensation	10 Yrs.
DUE TO (c)		

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

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 4:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): Registrar
22b. ADDRESS: Poplar Bluff, Missouri
22c. DATE SIGNED: 1/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-12-1961
23c. NAME OF CEMETERY OR CREMATORY: Rombauer Cemetery
23d. LOCATION (City, town, or county) (State): Rombauer, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Greer Croy & Fitch Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG.: 1/12/61
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

WRITE STUB — AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

Informant Emma Crain

AUG 29 1961

VS JAN 2[illegible] 1961

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Philip J. Casserly

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff, Mo

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.