

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004612
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 173

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF S.K. Meloney, M.D. MEDICAL CERTIFICATION

FILED VS FEB 20 1961

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Length of stay in 1b 83yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wyatt Park Nursing Home Inside Limits No
2705 Lafayette

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph, Mo Inside Limits No
d. STREET ADDRESS Pickett Road (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First George Middle R Last Crabtree
4. DATE OF DEATH Month Feb. Day 12, Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Feb. 17, 1878 9. AGE (last birthday) 82 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) re. Laborer 10b. KIND OF BUSINESS OR INDUSTRY Masonry 11. BIRTHPLACE (City and state or country) Agency Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Louisi Crabtree 13b. MOTHER'S MAIDEN NAME Polly Parker 14. NAME OF HUSBAND OR WIFE Dorothy Crabtree (de)

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. 17. INFORMANT Address Jess Crabtree, St. Joseph, 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) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH Unk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
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 4/29/60 to 2/12/61 and last saw her him alive on 2/11/61
Death occurred at 8:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S.K. Meloney, M.D. 22b. ADDRESS 10th & Olive, Patee Hall St. Joseph, Mo. 22c. DATE SIGNED 2/13/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2/15/61 23c. NAME OF CEMETERY OR CREMATORY Ebenzer Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph, Mo

24. FUNERAL DIRECTOR ADDRESS St. Joseph, Mo 25. DATE RECD. BY LOCAL REG. Feb. 16, 1961 26. REGISTRAR'S SIGNATURE Mrs. Clark Hardell

