

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-020299
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 103

FILED JUL 11 1961

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett	Length of stay in lb 19 Yrs.	c. CITY OR TOWN Monett	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Scroggins Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 803 4th St.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First GEORGIA Middle B. Last CRANE			4. DATE OF DEATH Month July Day 7 Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/20/80	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Columbus, Ind.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles Stader		13b. MOTHER'S MAIDEN NAME Susan Weaver		14. NAME OF HUSBAND OR WIFE W. M. Crane (Dece)	
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 James Crane Address Monett, 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) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>18 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertension</u>	
	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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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	COUNTY STATE
21. I attended the deceased from <u>3-10-61</u> to <u>7-7-61</u> and last saw her alive on <u>7-6-61</u> Death occurred at <u>2:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceasee or title) <u>Robert R. Buchanan M.D.</u>		22b. ADDRESS <u>Monett Mo</u>	22c. DATE SIGNED <u>7-7-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/10/61	23c. NAME OF CEMETERY OR CREMATORY Pierce City cem.	23d. LOCATION (City, town, or county) (State) Pierce City, Mo.
24. FUNERAL DIRECTOR J. D. Buchanan ADDRESS Monett, Mo.		25. DATE RECD. BY LOCAL REG. 7-10-61	26. REGISTRAR'S SIGNATURE <u>Mrs P. A. Cook</u>

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 ITEM NO. SHOULD READ
 INSTEAD OF
 DOCUMENT
 BY AFFIDAVIT OF
 MEDICAL CERTIFICATION

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 J. F. Buchanan

Licensed Embalmer No. 3179

P. O. Address Morett, 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.