

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-61-035856**

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 606

AMENDED

**FILED OCT 16 1961**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>NEW MADRID</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columb. A</u>		Length of stay in lb <u>52 days</u>	c. CITY OR TOWN <u>Portageville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>UN. V. MO. MED. CENTER</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Job East 7th</u>	
3. NAME OF DECEASED (Type or print) First <u>EZIKIEL</u> Middle <u>C.</u> Last <u>CRANFORD</u>			4. DATE OF DEATH Month <u>10</u> Day <u>6</u> Year <u>1961</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1897</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>52</u> Days <u>52</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>UNITED STATES</u>
13a. FATHER'S NAME <u>HENRY CRANFORD</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA</u>		14. NAME OF HUSBAND OR WIFE <u>Widowed</u> <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Med. Records</u> Address
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>LOBAR PNEUMONIA</u>					INTERVAL BETWEEN ONSET AND DEATH
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) <u>METASTATIC CARCINOMA OF LEFT MAINSTEM BRONCHUS</u>					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 checked="" 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>Aug. 16, 1961</u> to <u>October 6, 1961</u> and last saw him alive on <u>Oct. 6, 1961</u> Death occurred at <u>12:40 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Robert D. Woelberhoff M.D.</u> (Degree or title)			22b. ADDRESS <u>Univ. of Mo. Med. Center, Columbia</u>		22c. DATE SIGNED <u>Oct 6, 1961</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-9-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial</u>		23d. LOCATION (City, town, or county) (State) <u>Wardell, Mo.</u>
24. FUNERAL DIRECTOR <u>Jimmy Osborne, Wardell, Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Oct 7 1961</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>	

**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 Lynard J. Small

Licensed Embalmer No. 4013

P. O. Address Columbia, Md

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.