

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045249

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 606

AMENDED

FILED DEC 26 1961

1. PLACE OF DEATH
a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in lb 45 yrs c. CITY OR TOWN Joplin Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital Inside Limits Yes No d. STREET ADDRESS RR#5, (2 mi SW of City) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First EDNA Middle D. Last CRAIN 4. DATE OF DEATH Month December Day 12, Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-13-1961 9. AGE (last birthday) 51 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and state or country) Garfield, Arkansas 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Thomas Hardee 13b. MOTHER'S MAIDEN NAME Nora Henry 14. NAME OF HUSBAND OR WIFE Charles O. 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. None 17. INFORMANT Charles O. Crain, RR#5, Joplin, Mo. 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) Cardiac Decongenation, Acute INTERVAL BETWEEN ONSET AND DEATH 4 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchial Asthma, Severe 10 yrs
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paraplegia secondary to C.V.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 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 10 Dec 61 to 12 Dec 61 and last saw her alive on 12 Dec 61 Death occurred at 4:00 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert Powell M.D. (Degree or title) 22b. ADDRESS Joplin, Mo 22c. DATE SIGNED 16 Dec 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-15-1961 23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park Cem. 23d. LOCATION (City, town, or county) Joplin, Mo. (State)

24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 12-21-1961 26. REGISTRAR'S SIGNATURE Dore Merriam

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 David Nelson

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.