# SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-045809

STATE FILE NUMBER

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 364

FILED DEC 21 1961

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla
Length of stay in 1b: 3 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Phelps
c. CITY OR TOWN Rolla
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt. 4 2 Miles North Rolla
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Dorothy Middle Lillian Last Crain
4. DATE OF DEATH: Month Dec. Day 18 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-9-1904
9. AGE (last birthday): 57
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Maries Co., Mo.,
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Neubren Ray
13b. MOTHER'S MAIDEN NAME: Minnie Pauls
14. NAME OF HUSBAND OR WIFE: Vernie Crain.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): xx
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT: Address: Vernie Crain, Rt. 4, Rolla, Mo.,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
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 1961-Nov, to Dec 1961 and last saw her alive on Dec 17, 1961
Death occurred at 9:40 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S F Andreason MD
22b. ADDRESS: Rolla Mo
22c. DATE SIGNED: 12/19/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 21, 1961
23c. NAME OF CEMETERY OR CREMATORY: Macedonia Cemetery
23d. LOCATION (City, town, or county) (State): Phelps County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Null & Son Funeral Home, Rolla
By S. L. Null
25. DATE RECD. BY LOCAL REG.: Dec. 19, 1961
26. REGISTRAR'S SIGNATURE: Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 22 1967

APR 25 1962

**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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.