

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 1236

FILED JAN 12 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5504 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Big Creek Twp</u>		c. LENGTH OF STAY (in this place) <u>68 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>S. of Petersburg</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none - S. of Petersburg</u>			d. STREET ADDRESS (If rural, give location) <u>0421</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>ELIZA</u> c. (Last) <u>CREWS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 4 1953</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct. 7 - 1856</u>		9. AGE (In years, Months, Days, Hours, Min.) <u>96</u> <u>2</u> <u>27</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>State of California</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Ben Snelling</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Samuel P. Crews</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Crews - Challowee Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>			DUPLICATE			<u>5 da</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE (b) <u>Chronic Bronchitis</u>			DUPLICATE			<u>3 yr</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			DUPLICATE (c)			_____		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5021</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1-2, 1952, to 1-4, 1952, that I last saw the deceased alive on 1-2, 1952, and that death occurred at 6 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>1-5-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan-5-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carsville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>South of Petersburg Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Jan-5-53</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred Wilkinson Clinton Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 .....  
Student Embalmer

Signed Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton M

**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 this body is not embalmed, fact should be so stated above.