

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0001344

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3033 Registrar's No. 5

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 9 1967

VS 300
Rev. 4/59

1 0425

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		c. CITY OR TOWN Clinton	
Length of stay in 1b 8 mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jolley Nursing Home		d. STREET ADDRESS (If outside, give location) 614 So Main St	
3. NAME OF DECEASED (Type or print) First Edger Middle Oscar Last Crain		4. DATE OF DEATH Month Jan Day 5 Year 1967	
5. SEX male	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 May 3, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 96
11a. FATHER'S NAME Lem Crain		11b. MOTHER'S MAIDEN NAME unknown	11. BIRTHPLACE (City and state or country) Bellville, Ill
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE Mrs. Violet Collins Clinton, Mo	
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.	
17. INFORMANT Mrs. Violet Collins Clinton, 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) Arterio-sclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH 2 yrs
DUE TO (b) Generalized arterio-sclerosis			3 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) Hemiplegia, left			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 type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Clinton, Mo	STATE
21. I attended the deceased from 11/10/45 to 1/5/67 and last saw ^{her} him alive on 1/4/67 Death occurred at 9:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) S. B. Hughes		22b. ADDRESS Clinton, Mo.	22c. DATE SIGNED 1/8/67
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/7/1967	23c. NAME OF CEMETERY OR CREMATORY Englewood cemetery	23d. LOCATION (City, town, or county) (State) Clinton, Mo
24. FUNERAL DIRECTOR Sickman-Dunning F H		ADDRESS Clinton, Mo	25. DATE RECD. BY LOCAL REG. JAN. 6, 1967
			26. REGISTRAR'S SIGNATURE Mildred Bigum

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 Stanley Sulman

Licensed Embalmer No. 5342

P. O. Address Clinton, 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.

Permit obtained 1-6-69