

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34423

State File No.

FILED NOV 10 1951

BIRTH NO. _____		REG. DIST. NO. <u>236</u>		PRIMARY REG. DIST. NO. <u>5819</u>		Registrar's No. <u>42</u>			
1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MORGAN</u>					
b. CITY OR TOWN <u>RURAL - OSAGE</u>		c. LENGTH OF STAY (in this place) <u>8 yrs</u>		c. CITY OR TOWN <u>RURAL - OSAGE</u>		<u>07111</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6mi S-W-Rocky-Mount</u>				d. STREET ADDRESS (If rural, give location) <u>6mi-S-W-Rocky-Mount</u>					
3. NAME OF DECEASED (Type or Print) <u>EARNEST</u>			a. (First)		b. (Middle)		c. (Last) <u>CRANTZ</u>		
4. DATE OF DEATH		(Month) <u>Oct</u>		(Day) <u>30</u>		(Year) <u>1951</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>21 MAY 1891</u>			
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RESORT-OWNER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>MANAGER-</u>			11. BIRTHPLACE (State or foreign country) <u>Joplin - Mo</u>			
12. CITY OF WHAT COUNTRY? <u>U.S.A</u>			13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie CRANTZ</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W-W-I</u>			16. SOCIAL SECURITY NO. <u>499-16-6101</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillie CRANTZ</u>			ADDRESS <u>Rocky-Mt</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Liver</u>							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1561</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>					
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>51</u> , to <u>Oct 30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 28</u> , 19 <u>51</u> , and that death occurred at <u>4:10 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W.L. Allee M.D.</u> (Degree or title)				23b. ADDRESS <u>ELDON Mo</u>				23c. DATE SIGNED <u>31 Oct 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-Nov. 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High-Point</u>		24d. LOCATION (City, town, or county) (State) <u>High-Point Mo</u>			
DATE REC'D BY LOCAL REG. <u>Nov 5-1951</u>		REGISTRAR'S SIGNATURE <u>J.L. Washburn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Kaye</u>		ADDRESS <u>ELDON Mo</u>			

Per Dea O. Kidwell, Registrar

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

07111

RECEIVED 1967 NOV 9 1951

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed NOV 9 - 1951

SAN 3 1952

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 *Arthur M. Fays*
Licensed Embalmer No. *3998*

P. O. Address *Eldon 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 this body is not embalmed, fact should be so stated above.