

FILED MAY 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

15347

BIRTH NO.		REG. DIST. NO. <u>80</u>		PRIMARY REG. DIST. NO. <u>5806</u>		Registrar's No. <u>8</u>		
1. PLACE OF DEATH a. COUNTY <u>Cole Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Centertown, Mo</u> )		c. LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY OR TOWN <u>Centertown, Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Centertown, Mo</u>				e. STREET ADDRESS (If rural, give location) <u>0260 Centertown, Mo</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>Pendleton</u> c. (Last) <u>McCrea</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1954</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>Sept 6 1871</u>		
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Days		Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cole Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm McCrea</u>			13b. MOTHER'S MAIDEN NAME <u>Margrett Dunakee</u>			14. NAME OF HUSBAND OR WIFE <u>Ida McCrea</u>		
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 <u>Mr. Frank Ransdell</u> ADDRESS <u>Centertown, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cause of prostate</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.					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		177X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Feb 11, 1885, to May 24, 1954</u> , that I last saw the deceased alive on <u>May 24, 1954</u> , and that death occurred at <u>9:45 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Frank Ransdell</u>				23b. ADDRESS <u>Centertown</u>		23c. DATE SIGNED <u>May 25</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/26/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centertown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centertown, Mo</u>		
DATE REC'D BY LOCAL REG. <u>May 26</u>		REGISTRAR'S SIGNATURE <u>Mrs. Minnie Hattenmeyer</u>		700		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Bowlin</u> ADDRESS <u>California</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

2710

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..... *Jack H. Bowlin*.....

Licensed Embalmer No. *493*.....

P. O. Address *California*.....

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.