

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11724

State File No.

FILED MAR 18 1957

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. CITY OR TOWN <u>Marshall</u> ^{Is Residence within limits of city or incorporated town?} Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>20 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>750 E. Thomas, St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>750 E. Thomas, St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alvin</u>	b. (Middle) _____	c. (Last) <u>Crawford</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 13, 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 31, 1896</u>	9. AGE (In years last birthday) <u>61 yrs.</u>	10. UNDER 1 YEAR Months _____	11. UNDER 4 HRS. Hours _____	12. UNDER 15 MIN. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fairville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John Crawford</u>	13b. MOTHER'S MAIDEN NAME <u>Bell Brady</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Crawford</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>Yes WWT</u>	16. SOCIAL SECURITY NO. <u>494-14-8630</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Crawford</u>	ADDRESS <u>Marshall 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Don't know.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Arteriosclerosis.</u>		Don't know.	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>443x</u>	20. AUTOPSY <u>2</u> 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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 11-7, 1956 to 3-13, 1957 that I last saw the deceased alive on 3-13, 1957, and that death occurred at 11:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Waite D. Madison, M.D.</u>	23b. ADDRESS <u>Missouri 451 West Marion Marshall</u>	23c. DATE SIGNED <u>3-15-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 16, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-15-57</u>	REGISTRAR'S SIGNATURE <u>Reid L. Read</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Adams</u>	ADDRESS <u>402 W. Cooper Sadaba Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAR 19 1957

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

Eric Legend

Licensed Embalmer No. 424

P. O. Address *Sedalia*

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.