

STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1949

State File No. ....

No. 300  
10.48

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>	
c. LENGTH OF STAY (In this place) <u>2 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>2</u>	
3. NAME OF DECEASED a. (First) <u>GEORGE</u> b. (Middle) <u>BEST</u> c. (Last) <u>CRAWFORD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 26 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>JULY 12 1880</u>
9. AGE (In years last birthday) Months Days <u>68 9 14</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police Captain</u>		11. BIRTHPLACE (State or foreign country) <u>Clinton, Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	12. CITIZEN OF WHAT COUNTRY? <u>American</u>
13a. FATHER'S NAME <u>Henry Crawford</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Adair</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Hartzell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</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) _____	
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"/>		INTERVAL BETWEEN ONSET AND DEATH <u>490X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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) 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>July 19, 1946</u> , to <u>April 26, 1949</u> , that I last saw the deceased alive on <u>April 25, 1949</u> , and that death occurred at <u>2:54 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. J.C. Caldwell M.P.O.</u>		23b. ADDRESS <u>Fulton, Missouri</u>	23c. DATE SIGNED <u>26 April 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 28-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo</u>
DATE REC'D BY LOCAL REG. <u>April 26-1949</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Palmer's Lebanon Mo</u>

RECEIVED

District Health Officer No. 9,

District File Number

MAY 10 1949

Date Filed

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 *S R Palmer*.....

Licensed Embalmer No. *2208*.....

P. O. Address *Lebanon, 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.