S. No. 300
v. 10.48

FILED JUN 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15510

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 509

39
2
1
0
1

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (in this place): 7 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): TROTTER REST HOME 615 N. MAIN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CHRISTIAN 12
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLEVER 0
d. STREET ADDRESS (If rural, give location): HOME 1 0

3. NAME OF DECEASED (Type or Print)
a. (First): HATTRIET
b. (Middle): BEECHER
c. (Last): CRAWFORD

4. DATE OF DEATH (Month) 6 (Day) 7 (Year) 1949

5. SEX: FEMALE 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW 4
8. DATE OF BIRTH: 3-15-1872 1874
9. AGE (In years last birthday): 73 ~~77~~ — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWORK
11. BIRTHPLACE (State or foreign country): OHIO 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CLINT WILLIAMS
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: HORACE CRAWFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: CHARLEY CRAWFORD — ADDRESS: CLEVER, MO.

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.

Cardiac 8 [illegible]

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: _____

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Senile arteriosclerosis
DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.: 331X

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: _____
20. AUTOPSY? YES ☐ NO ☑

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) _____ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: _____

22. *I hereby certify that I attended the deceased from* One Call, 19__ *to* 6-7-, 1949, *that I last saw the deceased alive on* 6-7, 1949, *and that death occurred at* 8:30 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Garrett Hogg (Degree or title): M.D.
23b. ADDRESS: 1053 Roanoke
23c. DATE SIGNED: 6-10-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-9-1949
24c. NAME OF CEMETERY OR CREMATORY: HAZELWOOD CEMETERY
24d. LOCATION (City, town, or county) (State): SPRINGFIELD MO

DATE REC'D BY LOCAL REG.: 6/10/49
REGISTRAR'S SIGNATURE: M.S. Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: John Dean Harris — ADDRESS: Clever Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 John Glenn Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MISSOURI } ss.
County of CHRISTIAN }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 15-510-49
Local Registrar's No. 509

On this 23rd day of AUGUST, 1949, before me appears John Dean Harris, Clever, Mo, who, upon his oath, states that the original record of ~~birth~~ death for HATTRIET BEECHER CRAWFORD, died ~~born~~ 7 JUNE, 1949, in the State of Missouri, and which was filed at BILLINGS, MO on JUNE, 1949, should be corrected as follows:

Item No. 8 should read MARCH 15, 1874
Instead of MARCH 15, 1872

Item No. 9 should read 75
Instead of 77

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John Dean Harris None
Relationship.

Clever, Mo.
Present Address.

Subscribed and sworn to before me this 23 day of August, 1949.

My Commission expires Jan. 13, 1951 J. D. Allen Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

1949
S-15510