

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40792

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2002 Registrar's No. 1109

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>	
c. LENGTH OF STAY (In this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>2436 N. BRANT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2436 N. BRANT</u>			

3. NAME OF DECEASED a. (First) <u>BONNIE</u> b. (Middle) <u>VESTER</u> c. (Last) <u>CRAWLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 14 1949</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>AUG. 18 1889</u>		9. AGE (In years last birthday) <u>60</u>		10. UNDER 1 YEAR Months Days <u>10 2 3</u>	
11. UNDER 24 HRS. Hours Min. <u>6</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SALESMAN</u>	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>JAMES CRAWLEY</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA ADAMS</u>		14. NAME OF HUSBAND OR WIFE <u>AUDREY CRAWLEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>AUDREY CRAWLEY, Spfld</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, asthenia, etc. It means the disease, injury, or complication which caused death.		-MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Ch. Myocardial Disease</u>		2-3 yr	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4/30/	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 June, 1944, to Dec 14, 1949, that I last saw the deceased alive on Aug 12, 1949, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Max [Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>12-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12/17/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>12-16-49</u>		REGISTRAR'S SIGNATURE <u>W.S. Handley md III</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.W. Klingner ob. Spfld</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FISH

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.

Signed.....
Student Embalmer

Signed *Max Rhodes*
Licensed Embalmer No. *4071*
P. O. Address *Springfield*

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.