

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1950

State File No. 5

No. 300  
10. 48

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>SCOTLAND</u>	
b. CITY OR TOWN <u>KIRKSVILLE</u>		c. LENGTH OF STAY (in this place) <u>3 DAYS</u>		c. CITY OR TOWN <u>RURAL</u>		d. STREET ADDRESS <u>6 MILES N.W. OF MEMPHIS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAUGHLIN HOSPITAL</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALVIN</u>			b. (Middle) <u>LEE</u>		c. (Last) <u>CRAWFORD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 8 50</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>		8. DATE OF BIRTH <u>6-4-1874</u>		9. AGE (In years last birthday) <u>75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>SCOTLAND COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>			
13a. FATHER'S NAME <u>W. L. CRAWFORD</u>			13b. MOTHER'S MAIDEN NAME <u>NANCY REED</u>			14. NAME OF HUSBAND OR WIFE <u>MARY F. CRAWFORD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Archie Crawford</u> ADDRESS <u>MEMPHIS, 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>Congestive Heart Failure</u> ANTECEDENT CAUSES <u>Arricular Fibrillation</u> DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>Left Bundle Branch Block</u> <u>malnutrition</u> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>about 1 day</u> <u>1 Week</u> <u>?</u> <u>?</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) _____					
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? <u>9 3 51</u>					
22. I hereby certify that I attended the deceased from <u>Jan 5, 1950</u> , to <u>Jan 8, 1950</u> , that I last saw the deceased alive on <u>Jan 8, 1950</u> , and that death occurred at <u>4:35 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. T. Rhoads M.D.</u> (Degree or title)				23b. ADDRESS <u>Kirkville, Mo</u>		23c. DATE SIGNED <u>1-8-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT ZION</u>		24d. LOCATION (City, town, or county) (State) <u>SCOTLAND COUNTY MO</u>			
DATE REC'D BY LOCAL REG. <u>1-10-50</u>		REGISTRAR'S SIGNATURE <u>Walter Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Payne &amp; Sons</u> ADDRESS <u>Memphis Mo</u>					

JAN 17 1950

RECEIVED

District Health Officer No. 10

Case File Number L-52-114

Date Filed JAN 17 1950

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 J. H. Payne

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2196

P. O. Address Memphis 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.