

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15769**

FILED JUN 7 1950

BIRTH NO. _____ REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **2013** Registrar's No. **434**

1. PLACE OF DEATH a. COUNTY ANDREW		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY ANDREW	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL NEAR FILLMORE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEAR FILLMORE 0020	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) FRANKLIN b. (Middle) ALEXANDER c. (Last) CRAWFORD			4. DATE OF DEATH (Month) (Day) (Year) 3-13-1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 26-1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 3 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) NO DAWAY MO	
12. CITIZENSHIP OF WHAT COUNTRY U.S.					

13a. FATHER'S NAME Wilson Crawford		13b. MOTHER'S MAIDEN NAME Eva Updyke		14. NAME OF HUSBAND OR WIFE Ethel Jane Crawford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ethel Crawford Fillmore 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum with metastasis to Liver & other parts		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		154X	

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 **12/7, 1949**, to **5/13, 1950**, that I last saw the deceased alive on **5/12, 1950**, and that death occurred at **5 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ernest B. Leonard D.O.	23b. ADDRESS 200 S. 2nd St., Fillmore, Mo	23c. DATE SIGNED 5/13/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-15-1950	24c. NAME OF CEMETERY OR CREMATORY NEW POINT MO
24d. LOCATION (City, town, or county) (State) NEW POINT MO		

DATE REC'D BY LOCAL REG. 5-15-1950	REGISTRAR'S SIGNATURE J. L. Lillian	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Breit Funeral Home SAVANNAH MO
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(Reversed Emballer's Statement on Reverse Side)

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

No. 300
10.48

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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 _____

E. C. Breit

Signed _____
Student Embalmer

Licensed Embalmer No. *2650*

P. O. Address *Savannah 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.