

FILED JUN 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16573

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 4219 Registrar's No. 16

430
1

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

1. PLACE OF DEATH a. COUNTY <i>Hickory</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Hickory</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Weaubleau</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Weaubleau</i> 0430	
c. LENGTH OF STAY (in this place) <i>17 mo.</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>EMMA</i> b. (Middle) <i>DORA</i> c. (Last) <i>CRAWFORD</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 18-1950</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>July 10-1869</i>	9. AGE (In years last birthday) <i>80</i>	UNDER 1 YEAR (Months) <i>10</i>	IF UNDER 1 HR. (Days) <i>8</i>	Hours <i>8</i>	Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	11. BIRTHPLACE (State or foreign country) <i>Hickory Co., Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>John Brown</i>	13b. MOTHER'S MAIDEN NAME <i>Eliza J. Owens</i>	14. NAME OF HUSBAND OR WIFE <i>John Crawford</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Bertie Miller, Humansville, Mo.</i>	ADDRESS <i>Humansville, Mo.</i>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4222</i>
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *June 1949*, to *May 18, 1950*, that I last saw the deceased alive on *May 7, 1950*, and that death occurred at *11:15 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. K. Robinson M.D.</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Humansville Mo</i>	23c. DATE SIGNED <i>5/19/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 20-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Rountree Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Hickory Co., Mo.</i>
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DATE REC'D BY LOCAL REG. <i>May 28-50</i>	REGISTRAR'S SIGNATURE <i>W. P. Hargiss</i>	121	25. FUNERAL DIRECTOR'S SIGNATURE <i>Primm Funeral Home</i>	ADDRESS <i>Humansville Mo</i>
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RECEIVED 5-31-50
District Health Officer No. 7,
District File Number 4-50577
Date Filed 5-31-50

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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Hummerville 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.