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FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21309

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 225

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, St. Francois Twp. c. LENGTH OF STAY (in this place) 20 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, St. Francois Twp. 0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION Farmington, R.R.1		d. STREET ADDRESS (If rural, give location) Farmington R.R.1	

3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) Edward c. (Last) Crawford			4. DATE OF DEATH (Month) (Day) (Year) June 30 1950		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 15, 1887	9. AGE (In years last birthday) 63	10. IF UNDER 1 YEAR Days 3 Hours 15 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) 0	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Wm. S. Crawford		

13b. MOTHER'S MAIDEN NAME Elizabeth Short		14. NAME OF HUSBAND OR WIFE Maggie Burch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs Maggie Crawford ADDRESS Farmington, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyperstatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days 20 yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchiectasis		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 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?	

22. I hereby certify that I attended the deceased from June 1950, to June 30, 1950, that I last saw the deceased alive on June 29, 1950 and that death occurred at 7:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE Charles E. Pratt (Degree or title)		23b. ADDRESS Farmington Mo		23c. DATE SIGNED 7-1-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/3/50		24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery		24d. LOCATION (City, town, or county) (State) Doe Run, Mo	
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DATE REC'D BY LOCAL REG. July 3, 1950		REGISTRAR'S SIGNATURE Either Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home, Farmington, Mo ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

----- District File Number

District Health Officer No. 9

RECEIVED JUN 10 1950

JUL 13 1950

Handwritten signatures and notes, including "H. J. ..."

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 *Paul K. Royal*

Licensed Embalmer No. *4120*

P. O. Address *52 Farmington*

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.