

FILED JUL 18 1950

STANDARD CERTIFICATE OF DEATH

25718

State File No.

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY, <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>651 E. Thomas</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>651 E. Thomas</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJIMAN</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>CRAWFORD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15, 1950</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. 20, 1875</u>		9. AGE (In years last birthday) <u>74</u>		10. <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 6 MONTHS <input type="checkbox"/> UNDER 3 MONTHS <input type="checkbox"/> UNDER 15 DAYS <input type="checkbox"/> UNDER 1 HOUR <input type="checkbox"/> UNDER 15 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Tenant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		
11. BIRTHPLACE (State or foreign country) <u>Hickory Co. Missouri</u>			12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>George W. Crawford</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Vanbibber</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Thomas Crawford</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nancy Thomas Crawford, Marshall, 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		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 July 12, 1950, to July 11, 1950, that I last saw the deceased alive on July 11, 1950, and that death occurred at 7:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James A. Bond</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>7-11-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 17, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY. <u>Nemo Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Hickory Co. Missouri.</u>	
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DATE REC'D BY LOCAL REG. <u>July 15-1950</u>		REGISTRAR'S SIGNATURE <u>Clidney S. Gray</u> <u>385</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Vaughan R. ...</u>		ADDRESS <u>Urban, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7/17-58
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-17-58

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed: Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, Ill

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.