

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23303

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 267

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 0485	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rest Haven Conv. Home		d. STREET ADDRESS (If rural, give location) 9904 Winner Road 0	

3. NAME OF DECEASED (Type or Print)	a. (First) MARGARET	b. (Middle) JANE	c. (Last) CRAWLEY	4. DATE OF DEATH (Month) (Day) (Year) July 25 51
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5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-5-1859	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Pinckneyville, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James B. Murphy	13b. MOTHER'S MAIDEN NAME Martha L. Moore	14. NAME OF HUSBAND OR WIFE No Record
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME Mrs. Claude Snyder, 908 S. Cottage,	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive + arteriosclerotic cardiovascular disease		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 7/1, 1951, to 7/25, 1951, that I last saw the deceased alive on 7/25, 1951, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE Vance E. Link, M.D.	(Degree or title)	23b. ADDRESS Independence, Mo	23c. DATE SIGNED July 26/1951
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24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE July 26-51	24c. NAME OF CEMETERY OR CREMATORY Cherokee Cemetery	24d. LOCATION (City, town, or county) (State) Cherokee, Kansas
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DATE REC'D BY LOCAL REG. July 26 1951	REGISTRAR'S SIGNATURE James H. Galyon	25. FUNERAL DIRECTOR'S SIGNATURE G. W. Wagner	ADDRESS R. C. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48485
4

AUG 6 1957

AUG 13 1957

Dr. L. - 6/100

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

Alvin R. Harnsche

Licensed Embalmer No. *4159*

P. O. Address *K.C. 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.