

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**16068**

State File No. ....  
Registrar's No. 498

**FILED** MAY 26 1952

128

2000

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Greene</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> c. LENGTH OF STAY (in this place) <u>383 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>V A Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> d. STREET ADDRESS (If rural, give location) <u>1011 N. Grant</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Stephen</u> b. (Middle) <u>A.</u> c. (Last) <u>Crawford</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 19, 1952</u>		
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>August 25, 1873</u>	<b>9. AGE</b> (In years last birthday) <u>78</u>	OF UNDER 1 YEAR Months Days	OF UNDER 24 HRS. Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Railroad Conductor</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Unknown</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Hannibal, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Edgar Crawford</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sylvia Emerton</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Widowed</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	<b>16. SOCIAL SECURITY NO.</b> <u>461269941</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>VA Hospital Records, Springfield, Missouri</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Pul., Tbc. Bilateral Cavitory</u> <u>Cor Pulmonale Chronic</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Sclerosis</u> <u>Chronic Interstitial Myocarditis</u> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	<b>INTERVAL BETWEEN ONSET AND DEATH</b>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from April 21, 1951, to May 19, 1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>A. J. Bondurant</u> (Degree or title) <u>A. J. Bondurant, Acting, Chief Professional Services Springfield, Missouri</u>	<b>23b. ADDRESS</b> <u>Springfield, Missouri</u>	<b>23c. DATE SIGNED</b> <u>5-19-52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>May 22, 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>National Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Springfield, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>5-21-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>James R. Amos, M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Alma Schreyer, Springfield, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

**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 Gene C. Hunter

Licensed Embalmer No. 4739

P. O. Address Springfield

**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.