

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39716

State File No. _____

FILED NOV 18 1952

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5929 Registrar's No. 342

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY OR TOWN RURAL U.S.T.		c. CITY OR TOWN RURAL	
c. LENGTH OF STAY (in this place) THE ENTIRE LIFE		d. STREET ADDRESS (If rural, give location) 6 MILE SOUTH OF SWEET SPRINGS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 MI. SOUTH OF SWEET SPRINGS			

3. NAME OF DECEASED (Type or Print) a. (First) ORREN b. (Middle) GEORGE c. (Last) CRAWFORD			4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 4 1952		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 17, 1867	9. AGE (In years last birthday) 85	10. F UNDER 1 YEAR	11. F UNDER 6 Wks.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) ABINGTON, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME GEORGE CRAWFORD	13b. MOTHER'S MAIDEN NAME EDITH ROBERTSON	14. NAME OF HUSBAND OR WIFE AMANDA FISHER CRAWFORD
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Kenneth Forsythe Knott Luster, Mo.	17. 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, asphyxia, 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) Coronary artery disease & arrhythmia fibrillation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arteriosclerosis DUE TO (c) infirmities of old age		
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 **2 Oct, 1949**, to **4 Nov, 1952**, that I last saw the deceased alive on **4 Nov, 1952**, and that death occurred at **10:50** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ralph H. Jones M.D.	23b. ADDRESS Sweet Springs, Mo.	23c. DATE SIGNED 5 Nov 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOVEMBER 6 1952	24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW	24d. LOCATION (City, town, or county) (State) SWEET SPRINGS MO
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DATE REC'D BY LOCAL REG. 11/6/1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE L. F. Parker	ADDRESS Sweet Springs, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

200

DEC 9 '95

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs 7110

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.