

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42838

State File No. _____

FILED JAN 5 1953

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 429

1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> <u>0644</u>		d. STREET ADDRESS (If rural, give location) <u>1005 ELY ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1005 ELY ST</u>				d. STREET ADDRESS (If rural, give location) <u>1005 ELY ST</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>Crawford</u> c. (Last) <u>Megown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-27-52</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Sept. 2, 1871</u>		9. AGE (In years last birthday) <u>81</u>	10. MONTHS <u>3</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Paris, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Paris, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>
13a. FATHER'S NAME <u>John Crawford</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Bastell</u>		14. NAME OF HUSBAND OR WIFE <u>Henry</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Megown, 1007 Ely St. Hannibal, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Failure</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> DUE TO (b) <u>Age</u> DUE TO (c) <u>Age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>3 hr</u> <u>year</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>				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 <u>Dec 30, 1952</u> , to <u>Dec.</u> , '19 <u>52</u> , that I last saw the deceased alive on <u>12-27, 1952</u> and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. B. Norton</u> (Degree or title)				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>12-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-29-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Jude Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marion City Marion MO</u>		
DATE REC'D BY LOCAL REG. <u>12/30/52</u>		REGISTRAR'S SIGNATURE <u>H. C. Fisher</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Michael J. O'Donnel Hannibal MO</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

JAN 2 1953

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED JAN 2 1953

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 Michael J. O'Rourke

Licensed Embalmer No. 3246

P. O. Address Harrison 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.