No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5826

State File No.

FILED MAR 13 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 1035

D

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Menorah Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Cass 191
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville
d. STREET ADDRESS (If rural, give location): 803 S Independence Ave.

X 1

3. NAME OF DECEASED (Type or Print)
a. (First): Della
b. (Middle):
c. (Last): Crawford

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17 53

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED (specify)~~: Married 1
8. DATE OF BIRTH: Dec. 26, 1915
9. AGE (In years last birthday): 38 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Lincoln California
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Nick Voyiatzes
13b. MOTHER'S MAIDEN NAME: Calliope Xidas
14. NAME OF HUSBAND OR WIFE: Keith Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 548-34-2395
17. INFORMANT'S SIGNATURE OR NAME: Keith Crawford
ADDRESS: Harrisonville, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Glomerulo nephritis Chronic — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Malignant Hypertention — 4 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 592 X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2/9, 1953, *to* 2/17, 1953, *that I last saw the deceased alive on* 2/17, 1953 *and that death occurred at* 10 05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul Moss
(Degree or title): Dr. D.O
23b. ADDRESS: 1112 Bryant Bldg K.C. Mo.
23c. DATE SIGNED: 2/18/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-18-53
24c. NAME OF CEMETERY OR CREMATORY: La Plata Cem.
24d. LOCATION (City, town, or county) (State): Harrisonville, Mo.

DATE REC'D BY LOCAL REG.: 2-18-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 13 1953

MAR 20 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 Floyd Atkinson

Licensed Embalmer No. 3720

P. O. Address Harrisonville

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.