

FILED MAR 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5828
1117

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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 Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) 704 Belmont 3208	
d. FULL NAME OF HOSPITAL OR INSTITUTION 704 Belmont			

3. NAME OF DECEASED a. (First) OLIVER b. (Middle) CRAWFORD c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 2 21 53		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-7-1891	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machine operator		10b. KIND OF BUSINESS OR INDUSTRY INSULATION		11. BIRTHPLACE (City and State or Foreign Country) Coloma Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Guss Crawford		13b. MOTHER'S MAIDEN NAME Maudie Hayes		14. NAME OF HUSBAND OR WIFE ETHEL McClenathan	
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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) yes W.W.I.		16. SOCIAL SECURITY NO. 496-09-4786		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ETHEL Crawford 704 Belmont	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerosis/Heart 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) _____				INTERVAL BETWEEN ONSET AND DEATH 42	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title)		23b. ADDRESS 1034 Oak St. Blue		23c. DATE SIGNED 2-23-53	
24a. BUREAU OF CREMATION (Specify) Buffalo		24b. DATE 2-24-1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery Bogard Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE John P. Sheil		ADDRESS H.C. Mo.	
DATE REC'D BY LOCAL REG. 2-23-53		REGISTRAR'S SIGNATURE Geraldine Smith			

(Licensed Embalmer's Signature on Reverse Side)

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

MAR 13 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

Richard E. Carroll

Licensed Embalmer No. *48-9*

P. O. Address *S. C. D. Ne*

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.