

FILED FEB 27 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5829  
780

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 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	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2202 Paseo		d. STREET ADDRESS (If rural, give location) 2202 Paseo 33 <sup>rd</sup>	

3. NAME OF DECEASED a. (First) Robert		b. (Middle) L.		c. (Last) Crawford		4. DATE OF DEATH (Month) (Day) (Year) 2 4 53	
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.		8. DATE OF BIRTH 1892 - Sept. 8	
9. AGE (In years last birthday) 70		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Peet Bros.		11. BIRTHPLACE (State or foreign country) Slater, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME John Crawford		13b. MOTHER'S MAIDEN NAME Mary Neff		14. NAME OF HUSBAND OR WIFE Ella Crawford deceased	

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. 510-0510956		17. INFORMANT'S SIGNATURE OR NAME P. H. Crawford, Bro. K. C. Mo.		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (Terminal)</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Carcinoma of the prostate</u>			
		DUE TO (c) <u>Metastasis. (Bone)</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				177X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 21, 1952, to Feb. 4, 1953, that I last saw the deceased alive on 1-30-53, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Royce B. Fleming, MD		23b. ADDRESS 1433 E-19 <sup>th</sup> St		23c. DATE SIGNED 2-5-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 7 1953		24c. NAME OF CEMETERY OR CREMATORY Highland		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
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DATE REC'D BY LOCAL REG. 2-6-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Adkins Bros. Home K. C. Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*C. Bennett Burford*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4437*

P. O. Address *Kenosha, Wis.*

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.