No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14790

State File No.

FILED APR 18 1953

BIRTH NO. REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL JOACHIM TOWNSHIP
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MOUNTAIN VIEW HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: JEFFERSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL JOACHIM TOWNSHIP 0500
d. STREET ADDRESS (If rural, give location): 0 NEAR PEVELY, MO.

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): B.
c. (Last): STEIN

4. DATE OF DEATH (Month) (Day) (Year): APRIL 5, 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: Jan. 22, 1886
9. AGE (In years last birthday): 67 — 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): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): OHIO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: THOMAS J. CRAWFORD
13b. MOTHER'S MAIDEN NAME: SARAH FOUR
14. NAME OF HUSBAND OR WIFE: TRUE DECEASED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: IRENE SCHUTYIES — **ADDRESS**: 4439 MEOSHO ST. LOUIS, 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) Lobar pneumonia, l. u.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
490X
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* 4/5/19, *to* 4/5/, 19 53, *that I last saw the deceased alive on* 4/5/, 19 53, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bertalan Bolyai, MD
23b. ADDRESS: Fenton, Mo
23c. DATE SIGNED: 4/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APR. 7 1953
24c. NAME OF CEMETERY OR CREMATORY: BURGESS CEMETERY
24d. LOCATION (City, town, or county) (State): ANTONIA MO.

DATE REC'D BY LOCAL REG.: April 7, 1953
REGISTRAR'S SIGNATURE: Gentry R. Pollitt
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: HEILIGTAG FUNERAL HOME IMPERIAL MO

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED APR 15 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 Arthur W. Heilgtag

Licensed Embalmer No. 13872

P. O. Address Imperial Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.