Dr L. B. Taylor
Bville, Mo.
FILED SEP 28 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32485

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4357 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Pt Pleasant
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Pt Pleasant
d. STREET ADDRESS (If rural, give location) 0720

3. NAME OF DECEASED (Type or Print) a. (First) Edd b. (Middle) c. (Last) Crawley

4. DATE OF DEATH (Month) (Day) (Year) June 1, 1953

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 27 1880
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 11 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Richland Va
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Evis May Crawley
14. NAME OF HUSBAND OR WIFE —

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. —
17. INFORMANT'S SIGNATURE OR NAME L.C. Crawley Rt#1 Portageville, Mo ADDRESS

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) Uremia — 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) Chronic Glomerulonephritis
DUE TO (c)

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 592X
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* May 30, 1953, *to* May 30, 1953, *that I last saw the deceased alive on* 30 May, 1953, *and that death occurred at* 11:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE L. B. Taylor MD (Degree or title)
23b. ADDRESS Portageville, Mo.
23c. DATE SIGNED 9-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-6-53
24c. NAME OF CEMETERY OR CREMATORY Mason Cemetery
24d. LOCATION (City, town, or county) (State) Portageville, Mo. Rural

DATE REC'D BY LOCAL REG. Sept 21, 1953
REGISTRAR'S SIGNATURE Ellen R. DeLisle 219-1
25. FUNERAL DIRECTOR'S SIGNATURE John W German ADDRESS Hayti Mo

(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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Raymond L. Duffer

Licensed Embalmer No. 4798

P. O. Address Hayti, 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.