S. No. 300
v. 10.48

FILED DEC 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 38882

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5522 Registrar's No. _____

0430 1

**1. PLACE OF DEATH**
a. COUNTY: Hickory Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Greene
c. LENGTH OF STAY (in this place): 36
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: Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Greene Twp.
d. STREET ADDRESS (If rural, give location): 0430 0

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

**4. DATE OF DEATH** (Month) (Day) (Year): 11 - 17 - 53

**5. SEX**: F. 1
**6. COLOR OR RACE**: W.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): M.
**8. DATE OF BIRTH**: Jan - 19 - 1898
**9. AGE** (In years last birthday): 55 — IF UNDER 1 YEAR: Months 9, Days 28 — 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** (State or foreign country): Hickory Co. Mo
**12. CITIZEN OF WHAT COUNTRY?**: U.S.
**13a. FATHER'S NAME**: Washington Nelson
**13b. MOTHER'S MAIDEN NAME**: Sarah Darby
**14. NAME OF HUSBAND OR WIFE**: Ben F. Crawford
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): —
(If yes, give war or dates of service): —
**16. SOCIAL SECURITY NO.**: —
**17. INFORMANT'S SIGNATURE OR NAME**: Mr. B. F. Crawford — **ADDRESS**: Urbana 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) Prostatic Cystitis — INTERVAL BETWEEN ONSET AND DEATH: 1 Mo

ANTECEDENT CAUSES

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

DUE TO (b) Chr. Hypertension & Nephrosclerosis — 3 Yrs

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**: 591 X
**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* Jan 1, 1953, *to* 11/17, 1953, *that I last saw the deceased alive on* 10/15, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

**23a. SIGNATURE** L. A. Wlosa (Degree or title) MD
**23b. ADDRESS** Urbana Mo
**23c. DATE SIGNED** 11/21/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 11-19-1953
**24c. NAME OF CEMETERY OR CREMATORY**: Nemo Cemetery
**24d. LOCATION** (City, town, or county) (State): Hickory Co Mo.

**DATE REC'D BY LOCAL REG.**: 11-23-1953
**REGISTRAR'S SIGNATURE**: May Johnson
**25. FUNERAL DIRECTOR'S SIGNATURE**: Allen W. Vaughan — **ADDRESS**: Urbana, 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 Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, Mo.

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.