

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

42674

State File No. \_\_\_\_\_

268

FILED DEC 28 1953		REG. DIST. NO. 131		PRIMARY REG. DIST. NO. 4218		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Henry		b. CITY (If outside corporate limits, write RURAL and give township) Windsor		a. STATE Missouri		b. COUNTY Henry	
c. LENGTH OF STAY (in this place) 3 months		c. CITY (If outside corporate limits, write RURAL and give township) Windsor		d. STREET ADDRESS (If rural, give location) 309 W. Colt			
d. FULL NAME OF HOSPITAL OR INSTITUTION 309 W. Colt				d. STREET ADDRESS (If rural, give location) 309 W. Colt			
3. NAME OF DECEASED (Type or Print) THOMAS CROCKETT CRAWFORD			4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1953				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 17, 1885	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Platte County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James A. Crawford		13b. MOTHER'S MAIDEN NAME Elizabeth Ann Cooper		14. NAME OF HUSBAND OR WIFE Lula Folsom Crawford	
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. none		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Mrs. T. C. Crawford Windsor, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 6 1/2 Mo	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Prostate		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 July, 1953, to Dec. 19, 1953 that I last saw the deceased alive on Dec. 19, 1953, and that death occurred at 10:15 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. J. Jennings M.D.				23b. ADDRESS Windsor Missouri		23c. DATE SIGNED 12-22-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-22-53		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak		24d. LOCATION (City, town, or county) (State) Windsor Missouri	
DATE REC'D BY LOCAL REG. Dec. 22-53		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Huston Turner Windsor, Mo			

(Licensed Embalmers' Statement on Reverse Side)

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

0420

**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 William M. Furne

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.