

No. 300  
10.48

0770

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12841

State File No. ....

FILED MAY 6 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 4394 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <b>Ozark</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ozark</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bakersfield</b>	c. LENGTH OF STAY (In this place) <b>1 day</b>	c. CITY OR TOWN <b>Howards Ridge</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bakersfield</b>		e. STREET ADDRESS (If rural, give location) <b>0279</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Alexander</b> c. (Last) <b>Crawford</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-22-1954</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12-26-1881</b>	9. AGE (In years last birthday) <b>72</b>	# UNDER 1 YEAR Months Days	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Howell County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Billy Crawford</b>		13b. MOTHER'S MAIDEN NAME <b>Melissa Holstein</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha Crawford</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See pg. or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bertha Crawford Tulsa, Oklahoma</b>	

18. CAUSE OF DEATH (Give only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute dilatation of heart</b>	II. OTHER SIGNIFICANT CONDITIONS		
ANTECEDENT CAUSES	DUE TO (b) <b>Acute uremia</b>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <b>Chronic degenerative nephritis</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)	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 6-3, 1953 to 4-22, 1954, that I last saw the deceased alive on 4-22, 1954, and that death occurred at 4:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Daniel R. Lewis D.O.</b>		23b. ADDRESS <b>Babersfield, Mo.</b>		23c. DATE SIGNED <b>4-30-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-23-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Howards Ridge Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Ozark County Missouri</b>		

DATE REC'D BY LOCAL REG. <b>5-4-54</b>	REGISTRAR'S SIGNATURE <b>Thomson</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wayne N. Foster Mt. Home Ark</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Call 5-11-54

JUN 25 1954

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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.....  
Signature of Student Embalmer

Signed *Wayne N. Foster*

Licensed Embalmer No. *103*

P. O. Address *Mt. Home*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.