No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16935

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4432 Registrar's No. 39

0860
1

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

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lucerne Medicine
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Town

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo. b. COUNTY: Putnam
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lucerne 0860
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) Matthew b. (Middle) A c. (Last) Crawford

4. DATE OF DEATH (Month) (Day) (Year): May 29-54

5. SEX C: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 21, 1875
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 1 Days 8 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Putnam Co. Mo C
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Crawford
13b. MOTHER'S MAIDEN NAME: Martha Parker
14. NAME OF HUSBAND OR WIFE: Elma 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.: no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Elma Crawford, Lucerne, 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) Chronic Ulcerative — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Colitis with malignancy
DUE TO (c) Transverse Colon

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Vomiting last 48 hours

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None 153 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* March, 1949 *to* May, 1954, *that I last saw the deceased alive on* May 28, 1954 *and that death occurred at* 30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. B. Bristow M.D.
23b. ADDRESS: Princeton, Mo
23c. DATE SIGNED: 5/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-31-54
24c. NAME OF CEMETERY OR CREMATORY: Wureka Ceme.
24d. LOCATION (City, town, or county) (State): Putnam Co. Mo.

DATE REC'D BY LOCAL REG.: 6-11-54
REGISTRAR'S SIGNATURE: Marvell Durbin 266
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Martin Funeral Home Princeton, Mo

(Licensed Embalmer's Statement on Reverse Side) Ivan Martin

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 Ivan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, 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.