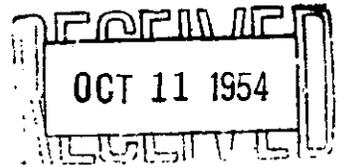


THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 18 1954

BIRTH NO.		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>129</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>				d. STREET ADDRESS (If rural, give location) <u>301 Ming Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JO</u>		b. (Middle) <u>ANN</u>		c. (Last) <u>CRAWFORD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 2, 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>January 21, 1933</u>	
9. AGE (In years last birthday) <u>21</u>		10. MONTHS <u>21</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Warrensburg, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		13a. FATHER'S NAME <u>Ben F. Johns</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Edna Marshall</u>	
13c. NAME OF HUSBAND OR WIFE <u>William Boone Crawford</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		15. SOCIAL SECURITY NO. <u>493-32-3796</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. W. B. Crawford, Warrensburg, Missouri</u>	
15. ADDRESS <u>Warrensburg, Missouri</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture of uterus</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Shoulder Presentation</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Albuminuria</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 Hours</u>					
19a. DATE OF OPERATION <u>10-2-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Rupture of uterus into broad ligament</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.s. 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 <u>October</u> , 19 <u>49</u> , to <u>October 2</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>October 2</u> , 19 <u>54</u> , and that death occurred at <u>11:15Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>T. Reed Maxson</u>				23b. ADDRESS <u>M.D. Warrensburg, Missouri</u>		23c. DATE SIGNED <u>10-5-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-4-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 5, 1954</u>		REGISTRAR'S SIGNATURE <u>Savannah Cutchfield</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. A. Brauninger</u>		ADDRESS <u>Warrensburg, Missouri</u>	

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



JOHNSON COUNTY HEALTH DEPT.

OCT 18 1954

NOV 1 1954

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 George R. Kerfel

Licensed Embalmer No. 4752

P. O. Address Waukesha, Wis.

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.