

FILED MAR 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4407**
REG. DIST. NO. **109** PRIMARY REG. DIST. NO. **4180** Registrar's No. **51**

350

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

BIRTH NO. _____

1. PLACE OF DEATH
a. COUNTY **Dunklin**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Dunklin**

c. CITY OR TOWN **Campbell** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Home-City**

f. STREET ADDRESS (If rural, give location) **City 0350**

3. NAME OF DECEASED (Type or Print)
a. (First) **HIRAM** b. (Middle) **JEFFERSON** c. (Last) **CRAWFORD**

4. DATE OF DEATH (Month) (Day) (Year) **FEB. 27 1955**

5. SEX **0** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Jan. 6, 1873** 9. AGE (In years last birthday) **82** IF UNDER 1 YEAR: Months **1** Days **21** IF UNDER 1 HRS. Hours **0** Min. **0**

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) **Campbell, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Thos. J. Crawford** 13b. MOTHER'S MAIDEN NAME **Eliza Snider** 14. NAME OF HUSBAND OR WIFE **Mary A. Crawford**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Elzie Crawford** ADDRESS **Campbell, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypertensive Arteriosclerotic Cardiovascular Disease** INTERVAL BETWEEN ONSET AND DEATH **3 years**

ANTECEDENT CAUSES DUE TO (b) **Generalized Arteriosclerosis** **years**

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

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 _____

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) **443X** (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 **1/1**, 1953, to **2/25**, 1955, that I last saw the deceased alive on **2/25**, 1955, and that death occurred at **9:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE **Wallace Selsby MD** (Degree or title) 23b. ADDRESS **Campbell mo** 23c. DATE SIGNED **3/1/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Mar. 2, 1955** 24c. NAME OF CEMETERY OR CREMATORY **Tucker Cemetery 92** 24d. LOCATION (City, town, or county) (State) **Campbell, Mo. R. 2**

DATE REC'D BY LOCAL REG. **3-2-1955** REGISTRAR'S SIGNATURE **Miss Beulah Campbell** 25. FUNERAL DIRECTOR'S SIGNATURE **Landess Funeral Home** ADDRESS **Campbell Mo**

RECEIVED DUNKLIN COUNTY H
DEPARTMENT 3-7-55
COUNTY FILE NUMBER 3-55

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 *Christina M. Landis*

Licensed Embalmer No. 422

P. O. Address *Campbell*

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.