No. 300
10-48

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

29277

FILED SEP 19 1955

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 65

02-51

**1. PLACE OF DEATH**
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cameron
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clinton
c. CITY OR TOWN: Cameron
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 308 W Cornhill 02-51

**3. NAME OF DECEASED** (Type or Print)
a. (First): Wm
b. (Middle): Thomas
c. (Last): Crawford

**4. DATE OF DEATH** (Month) (Day) (Year): Sept 13 1955

**5. SEX**: Male
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: May 7-1861
**9. AGE** (In years last birthday): 94 — IF UNDER 1 YEAR: Months / Days — 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**: Farming
**11. BIRTHPLACE** (City and State or Foreign Country): Mirable Mo
**12. CITIZEN OF WHAT COUNTRY?**: U S A

**13a. FATHER'S NAME**: W H Crawford
**13b. MOTHER'S MAIDEN NAME**: Elizabeth Ann Kerrins
**14. NAME OF HUSBAND OR WIFE**: Mary E 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.**: No
**17. INFORMANT'S SIGNATURE OR NAME**: Mary E Crawford — ADDRESS: Cameron

**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 valvular Heart — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Disease & decompensation
DUE TO (c): Myocardial failure — 3 days

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**: 4214
**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* 1946, 19__, *to* Sept 13, 1955, *that I last saw the deceased alive on* 9-12, 1955, *and that death occurred at* 4:10 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): J O Kunes MD
**23b. ADDRESS**: Cameron Mo
**23c. DATE SIGNED**: 9-14-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Sept 15 1955
**24c. NAME OF CEMETERY OR CREMATORY**: Evergreen Cem
**24d. LOCATION** (City, town, or county) (State): Cameron Mo

**DATE REC'D BY LOCAL REG.**: 9-14-55
**REGISTRAR'S SIGNATURE**: Winifred W. Moser 1340
**25. FUNERAL DIRECTOR'S SIGNATURE**: Bland Funeral Home — ADDRESS: Cameron

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 26 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Robert L Polou

Licensed Embalmer No. 47

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P. O. Address Cameron

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.