

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **261**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **12**

1. PLACE OF DEATH
a. COUNTY **Buchanan**
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **St. Joseph**
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) **General Osteopathic Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Buchanan**
c. CITY OR TOWN **St. Joseph** d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **709 North 6th Street 01170**

3. NAME OF DECEASED (Type or Print)
a. (First) **OPAL** b. (Middle) **RUTH** c. (Last) **KILGORE-CRAWFORD** 4. DATE OF DEATH (Month) (Day) (Year) **Jan. 4 1956**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **October 10, 1928** 9. AGE (In years last birthday) **27** 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) **Seamstress** 10b. KIND OF BUSINESS OR INDUSTRY **Big Smith Mfg. Co.** 11. BIRTHPLACE (City and State or Foreign Country) **St. Joseph Missouri** 12. CITIZEN OF WHAT COUNTRY? **U S A**

13a. FATHER'S NAME **Oscar Kilgore** 13b. MOTHER'S MAIDEN NAME **Ruth Tomas** 14. NAME OF HUSBAND OR WIFE **Wilson H. 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. **486-30-2454** 17. INFORMANT'S SIGNATURE OR NAME **Wilson H. Crawford** ADDRESS **St. Joseph, 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) **Diabetic Coma** MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DUE TO (b) **260X** **36 hrs**
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. **Pregnancy**

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) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 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 **1-3-** **1956**, to **1-4**, **1956**, that I last saw the deceased alive on **1-4-56**, 19____, and that death occurred at **8:35 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **C. L. Berguando** 23b. ADDRESS **801 1/2 Francis St. City** 23c. DATE SIGNED **1-4-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **1-6-56** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Joseph Missouri**

DATE REC'D BY LOCAL REG. **Jan 9, 1956** REGISTRAR'S SIGNATURE **Kathleen M. Allison 485** 25. FUNERAL DIRECTOR'S SIGNATURE **Stamey Funeral Home** ADDRESS **St. Joseph, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

APR 19 1958

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.....
Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph

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.