

FILED JUN 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19427**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6279** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY <b>WRIGHT COUNTY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>WRIGHT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gasconade Twp.</b>		c. CITY OR TOWN <b>HARTVILLE</b>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural Rt. #3, Hartville</b>		f. STREET ADDRESS (If rural, give location) <b>ROUTE 3</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>OLLIE</b> b. (Middle) <b>AGNES</b> c. (Last) <b>CRAWFORD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 29 56</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT. 24, 1887</b>		9. AGE (In years last birthday) <b>68</b> if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOMEKEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <b>WRIGHT CO. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>SAMUEL BOY</b>	13b. MOTHER'S MAIDEN NAME <b>LOUISA DUDLEY</b>	14. NAME OF HUSBAND OR WIFE <b>BENTON CRAWFORD</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Benton Crawford</b> ADDRESS <b>Hartville, Mo. Rt 3</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 mo.</b>  <b>1 yr.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardiac Vascular Disease</b> DUE TO (c) <b>Disease</b>		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 **Aug 1951**, to **Apr. 29, 1956**, that I last saw the deceased alive on **Apr. 21, 1956**, and that death occurred at **12:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James Garol M.D.</b>	23b. ADDRESS <b>Springfield, Mo.</b>	23c. DATE SIGNED <b>5-30-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>5-1-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NEWTON</b>
24d. LOCATION (City, town, or county) (State) <b>WRIGHT CO. MO.</b>		

DATE REC'D BY LOCAL REG. <b>5-31-56</b>	REGISTRAR'S SIGNATURE <b>E.P. Garner</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert Bergman</b> ADDRESS <b>Beyman Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 2 1956  
WRIGHT CO. HEALTH DEPT.  
County File Number 656-57  
Date Filed 6-4-56

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 Max J. Miller .....  
Licensed Embalmer No. 479

P. O. Address Manuel .....

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