

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27917

STATE FILE NUMBER

FILED SEP 6 1956

Registration District No. 291 Primary Registration District No. 5988 Registrar's No. 61

Health
Officers
Public
Service

300
-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>PUTNAM</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WORTHINGTON</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>LIVONIA - MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			Length of stay in 1b <u>2 weeks.</u>	d. STREET ADDRESS (If outside, give location) <u>0820</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>BERTHA MAY CRAWFORD</u> <i>First Middle Last</i>				4. DATE OF DEATH <u>Aug 22 56</u> <i>Month Day Year</i>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 1-1886</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOMEWORK</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>LIVONIA MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>STEVEN DOUGLAS LEE</u>				14. MOTHER'S MAIDEN NAME <u>JENNIE DAVIS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT Address <u>PAUL CRAWFORD - LIVONIA - MO</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Generalized arteriosclerosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>years</u>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>August 1, 1956</u> , to <u>August 23, 1956</u> and last saw <u>her</u> <u>alive</u> on <u>Aug 21, 1956</u> Death occurred at <u>8:00</u> <u>P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>M.C. Stokes M.D.</u>				22b. ADDRESS <u>Lancaster, Missouri</u>		22c. DATE SIGNED <u>Aug 24, 1956</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>Aug 25, 56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Putnam Co. MO</u>			
24. FUNERAL DIRECTOR ADDRESS <u>722 Augusta St Unionville Mo</u>			25. DATE RECD. BY LOCAL REG. <u>9-1-1956</u>		26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		

(Licensed Embolmer's Statement on Reverse Side)

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..... *Murl E. Husted*

Licensed Embalmer No. *334*

P. O. Address *Amosville, N.H.*

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.