

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29966

FILED SEP 21 1956

State File No. 465
 Registrar's No. 465

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>465</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>13 days</u>		c. CITY OR TOWN <u>Campbell</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>20</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>502 Locust Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u>			b. (Middle) <u>ALLEN</u>		c. (Last) <u>CRAWLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 6 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 26 1875</u>		9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>10</u> IF UNDER 12 HRS: Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Dunklin County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joe Scott Crawley</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Roberts</u>			14. NAME OF HUSBAND/OR WIFE <u>Dora Crawley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nora McIntosh Campbell, Missouri</u> ADDRESS					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Hypertension</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>Aug 30 1956</u>		19b. MAJOR FINDINGS OF OPERATION <u>Excised vessel, ruptured</u>						20. AUTOPSY? <u>9040</u> <u>21</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Campbell Mo</u> (COUNTY) <u>Dunklin</u> (STATE) <u>MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 29 1956</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell off log</u>					
22. I hereby certify that I attended the deceased from <u>8-24</u> 19 <u>56</u> , to <u>9-6</u> 19 <u>56</u> , that I last saw the deceased alive on <u>9-6</u> 19 <u>56</u> and that death occurred at <u>6:10 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John Henschel D</u> (Degree or title)				23b. ADDRESS <u>Poplar Bluff Mo</u>			23c. DATE SIGNED <u>9-10-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 9 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elder Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Campbell Missouri</u>			
DATE REC'D BY LOCAL REG. <u>9/12/56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Landess Funeral Home Campbell, Mo.</u>				

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

RECEIVED
SEP 18 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

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. Landess* _____

Licensed Embalmer No. *4227* _____

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.