

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 19 1956

State File No. **34923**

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>3049</u>		Registrar's No. <u>170</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Tennessee</u> b. COUNTY <u>Wayne</u>			
b. CITY OR TOWN <u>Hayti</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Collinwood</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>84 Highway East</u>				e. STREET ADDRESS (If rural, give location) <u>8418</u>			
3. NAME OF DECEASED a. (First) <u>Andrew Crawford</u> (Type or Print)			b. (Middle) _____			c. (Last) <u>JONES</u>	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>October 13, 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>April 11, 1929</u>	
9. AGE (In years last birthday) <u>27</u>		if UNDER 1 YEAR Months <u>6</u> Days <u>2</u>		if UNDER 24 HRS. Hours <u>2</u> Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Saw Mill</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence County Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Joe Russell Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Watkins</u>		14. NAME OF HUSBAND OR WIFE <u>Regina Jones</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>James Holden Postageville, Mo.</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>intra cerebral hemorrhage</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. <u>8120</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>AS</u> <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>84 Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hayti twp Pemiscot MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-13-56 2:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hit by trailer truck while fixing flat tire</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:00 pm.</u> , from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) <u>John St. German Coroner</u>				23b. ADDRESS <u>Hayti Mo</u>		23c. DATE SIGNED <u>10-13-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-13-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>		24d. LOCATION (City, town, or county) (State) <u>Collinwood, Tennessee</u>	
DATE REC'D BY LOCAL REG. <u>10-16-56</u>		REGISTRAR'S SIGNATURE <u>John St. German</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Middle Tenn. Funeral Home Wayneboro Tenn</u>			

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

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10-272-56

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PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *John H. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, Mo*

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.