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FILED DEC 17 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40598
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1304

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Parkview at Sunnyslope 37 yrs. 3225 So. 11th St. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph 0117 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1407 S. 17th St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First DELORUS Middle MAY Last CRAWFORD

4. DATE OF DEATH Month Day Year Dec. 5, 1956

5. SEX female
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 12. 1902
9. AGE (In years last birthday) 54 — 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) housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) Green Top, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Albert H. Woods
14. MOTHER'S MAIDEN NAME Mollie Lorton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. 491-24-6102
17. INFORMANT Address Mr. Ray Crawford, 1407 S.17th, St.Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Lungs — INTERVAL BETWEEN ONSET AND DEATH 15 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____ 163.X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10/21/54, to 12/5/56 and last saw her alive on 12/4/56
Death occurred at 3:45p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H F Mundy MD
22b. ADDRESS 2801 Sacramento St. Joseph, Missouri
22c. DATE SIGNED 12/6/56

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Dec. 8, 1956
23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

24. FUNERAL DIRECTOR ADDRESS Heaton-Bowman St Joseph Mo.
25. DATE RECD. BY LOCAL REG. Dec 12, 1956
26. REGISTRAR'S SIGNATURE Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate wa

by me, or by ....., Student Embalmer No....

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed William Spalding .....

Licensed Embalmer No 45

P. O. Address 319 S 10th

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

(Licensed Embalmer's Statement on Reverse Side)