

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **2351**

FILED JAN 10 1958

Registration District No. 280 Primary Registration District No. 6964 Registrar's No. 1

2830
3003
1-57

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Van Buren</u>	
b. CITY OR TOWN <u>Parkville</u> <u>Missouri</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Stockport</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>Riverside</u>	Length of stay in lb <u>Passing through</u>	d. STREET ADDRESS <u>none</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Roy</u> Middle <u>none</u> Last <u>Crawford</u>	4. DATE OF DEATH Month <u>Jan.</u> Day <u>1</u> Year <u>1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 26 - 1901</u>	9. AGE (In years last birthday) <u>56</u>	10. FUNDER 1 YEAR Months <u>3</u> Days <u>3</u>	11. IF UNDER 24 HRS. Hours <u>3</u> Min. <u>3</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steam Elevator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>owner</u>	11. BIRTHPLACE (City and state or country) <u>Stockport Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>Iowa</u>
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13a. FATHER'S NAME <u>John Crawford</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Gilbert</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Aylor Crawford</u>
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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>331X</u>	17. INFORMANT <u>Ruth Crawford</u> Address <u>Stockport Iowa</u>
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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>		INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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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 <u>Stockport</u>	COUNTY <u>Iowa</u>	STATE <u>Iowa</u>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>10:15 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Roland M. Goffe, Coroner</u> (Degree or title)	22b. ADDRESS <u>Platte City, Mo.</u>	22c. DATE SIGNED <u>1-1-58</u>
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23a. BURIAL, cremation <u>REBURIAL (burial)</u>	23b. DATE <u>Jan 5 - 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Spencer</u>	23d. LOCATION (City, town, or county) <u>Stockport</u>	(State) <u>Iowa</u>
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24. FUNERAL DIRECTOR <u>Burnett-Catcott Funeral Home</u>	ADDRESS <u>Keosauqua Iowa</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 2 - 1958</u>	26. REGISTRAR'S SIGNATURE <u>W. Phiea Rollins</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



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 *L. G. Francis*

Licensed Embalmer No. *2451*
P. O. Address *Parkville, 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.**