Health, Welfare Public Service

300 1-56 4

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

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

58-022238
STATE FILE NUMBER

FILED JUL 1 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 303

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Jasper | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Jasper |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin — Inside Limits Yes X No ☐ | c. CITY OR TOWN 2495 Joplin — Inside Limits Yes X No ☐ |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maddox Nursing Home — Length of stay in Ib 6 yrs | d. STREET ADDRESS (If outside, give location) 2302 Pennsylvania — Reside on Farm Yes ☐ No X |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: Belle | Middle: (n) | Last: Crawford | 4. DATE OF DEATH Month, Day, Year: June 15, 1958 |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐ | 8. DATE OF BIRTH: Sept. 10, 1869 | 9. AGE (In years last birthday): 88 — 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): Saline County, Mo. | 12. CITIZEN OF WHAT COUNTRY?: U.S. | |
| 13. FATHER'S NAME: James S. Rose | | 14. MOTHER'S MAIDEN NAME: Virginia Buffington | | |
| 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. | 17. INFORMANT: Mr. Lester Crawford, Joplin, Mo. | Address | |

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) Arteriosclerosis
DUE TO (b)
DUE TO (c) 4500

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH: 15 yrs.

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 X

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 5-12-56, to 6/15/58 and last saw her/him alive on 6-8-58

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]

22b. ADDRESS 2125 Jackson, Joplin, Mo.

22c. DATE SIGNED 6/19/58

| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | June 17, 1958 | Greenlawn | Jasper, Mo. |

| 24. FUNERAL DIRECTOR | ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
|---|---|---|---|
| Martin Selvey | Jasper, Mo. | 6-24-58 | Dove Merriam |

(Licensed Embalmer's Statement on Reverse Side)

Jasper County
County File Number 57-6-578
Date Filed JUN 30 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George W. Newcomb

Licensed Embalmer No. 46

P. O. Address Jackwoo

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