

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022239

STATE FILE NUMBER

FILED JUN 25 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 302

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. (Institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in 1b 58 YRS	d. STREET ADDRESS (If outside, give location) 1411 W. 9TH ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SUSIE Middle EVELYN Last CRAWFORD			4. DATE OF DEATH Month JUNE Day 15 Year 1958
5. SEX F	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 25, 1896
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and state or country) OKLAHOMA / USA
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	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME WILLIAM MYERS		13b. MOTHER'S MAIDEN NAME JOSEPHINE COPE	14. NAME OF HUSBAND OR WIFE ALONZO CRAWFORD, DEC'D
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, NO known) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT DAU- MRS. PEGGY SUE DUNN, CLEVELAND, OHIO Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia at Apex Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) osteomyelitis at humerus DUE TO (c) 7302			INTERVAL BETWEEN ONSET AND DEATH 48 hours 12 months
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.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I attended the deceased from 11-27-57 to 6-15-58 and last saw her/him alive on 6-14-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Laura H Ferguson M.D. (Degree or title)		22b. ADDRESS 206 Mad Art Bldg. Joplin Mo	22c. DATE SIGNED 6-17-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-19-58	23c. NAME OF CEMETERY OR CREMATORY PARKWAY CEMETERY,	23d. LOCATION (City, town, or county) JOPLIN, MISSOURI (State)
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 6-20-1958	26. REGISTRAR'S SIGNATURE Dove Merriam

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED JUN 24 1958

Asper County Health Office

County File Number 52-6-565

Date Filed JUN 24 1958

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 F. M. Jones.....

Licensed Embalmer No. 2319.....

P. O. Address Joplin 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.