

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023894

STATE FILE NUMBER

AMENDED

Registration District No. 4

Primary Registration District No.

Registrar's No. 81

FILED JUL 25 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Atchison									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dale Twsp.		Length of stay in 1b		c. CITY OR TOWN Westboro		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 Mi.S.E.of Fairfax			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4Mi.West		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First LULA Middle BELL Last CRAWFORD				4. DATE OF DEATH Month July Day 16 Year 1961									
5. SEX Femalee		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/3/1937		9. AGE (last birthday) 24		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY In the home		11. BIRTHPLACE (City and state or country) Holcomb, Wisconsin		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME John Van Treeck				13b. MOTHER'S MAIDEN NAME Grace Richards				14. NAME OF HUSBAND OR WIFE Bobby H. Crawford					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.		17. INFORMANT Address Jack Collins West Plains Mo							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERNAL HEMORRHAGE										INTERVAL BETWEEN ONSET AND DEATH			
DUE TO (b) TRAUMA TO RT. SIDE													
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 6 mo. PREGNANT										PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) CAR ACCIDENT									
20c. TIME OF INJURY 4:30 p.m.		Month, Day, Year 7 16 61											
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.) 6MI S.E. OF FAIRFAX		20f. CITY, TOWN, OR LOCATION Atchised		COUNTY Mo.		STATE					
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE [Signature]						22b. ADDRESS Rock Port Mo.			22c. DATE SIGNED 7-22-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/19/1961		23c. NAME OF CEMETERY Pleasant Ridge				23d. LOCATION (City, town, or county) (State) Fairfax Missouri					
24. FUNERAL DIRECTOR Schooler Funeral Home Fairfax Mo.					ADDRESS		25. DATE RECD. BY LOCAL REG. July 22, 1961		26. REGISTRAR'S SIGNATURE Harvin J. Schaefer				

NOV 17 1964

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 Marvin N. Schooler

Licensed Embalmer No. 4162

P. O. Address Fairfax 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.