

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-024408**  
STATE FILE NUMBER

AMENDED

Registration District No. 59 Primary Registration District No. 4098 Registrar's No. 134

FILED AUG 8 1961

1. PLACE OF DEATH a. COUNTY <b>CASS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>CASS.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BELTON, MO.</b>		Length of stay in 1b <b>25 YRS.</b>	c. CITY OR TOWN <b>BELTON</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>121 MAIN ST.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>121 MAIN ST.</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>GEORGE VALENTINE CRAWFORD</b>	4. DATE OF DEATH Month Day Year <b>7 29 1961</b>
--	--

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/14/1890</b>	9. AGE (last birthday) <b>71</b>	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) <b>RAILROAD</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>STATION AGENT</b>	11. BIRTHPLACE (City and state or country) <b>DUNNIGAN MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
--	---	---	--

13a. FATHER'S NAME <b>SAMUEL SHERMAN CRAWFORD</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH LOWRY</b>	14. NAME OF HUSBAND OR WIFE <b>NELLIE PEARL CRAWFORD</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>MRS. CRAWFORD,</b> Address <b>BELTON, MO.</b>
--	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Heart failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary occlusion</b> DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>
--	--

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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.) <b>At Home, Heart failure</b>
---	--	---

20c. TIME OF INJURY Hour <b>7:40</b> p.m. Month, Day, Year <b>7-29-61</b>
--

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>Belton</b>	COUNTY <b>Cass</b>	STATE <b>Mo.</b>
---	---	---	-----------------------	---------------------

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **A.P.P.** **7:40 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Blair Cummings Corcoran</b>	22b. ADDRESS <b>Harrisonville Mo</b>	22c. DATE SIGNED <b>7-31-61</b>
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7/31/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BELTON BEMETERY</b>	23d. LOCATION (City, town, or County) (State) <b>BELTON, MO.</b>
--	-------------------------------	--	---

24. FUNERAL DIRECTOR <b>E.K. GEORGE &amp; SONS, BELTON, MO.</b>	DATE RECD. BY LOCAL REG. <b>Aug 31-1961</b>	REGISTRAR'S SIGNATURE <b>Mo Ray Sebra</b>
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

AUG 9 1967

AUG 22 1967

**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 Richard E. Gentry

Licensed Embalmer No. 3958

P. O. Address BELTON, 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.