

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-040996  
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5769

**FILED DEC 11 1961**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |  |
| a. COUNTY <u>Jaackson</u>   |  | a. STATE <u>Missouri</u>  | b. COUNTY <u>Jackson</u>   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>              |  | c. CITY OR TOWN <u>Kansas City</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>Queen of World</u> |  | d. STREET ADDRESS <u>4039 Monroe</u>  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                               |  |   |  |                                  |
|---|-------------------------------|--|---|--|----------------------------------|
| 3. NAME OF DECEASED (Type or print)   |                               |  | 4. DATE OF DEATH  |  |                                  |
| First <u>Infant</u>   | Middle <u>Crawford</u>        | Last <u>Crawford</u>   | Month <u>11</u>   | Day <u>14</u>                          | Year <u>61</u>                   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>Negro</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11-14-61</u>                                  | 9. AGE (last birthday)                 | IF UNDER 1 YEAR IF UNDER 24 HR   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country) <u>Kansas City Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | Months Days Hours Min. <u>10</u> |

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME <u>Chester R. Crawford</u>  | 13b. MOTHER'S MAIDEN NAME <u>Flornece Govan</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u>                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>none</u>             | 17. INFORMANT Address <u>Chester R. Crawford 4039 Monroe</u> |

|   |  |  |
|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u> |
| IMMEDIATE CAUSE (a) <u>Foetal Atelectasis</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) <u>Multiple Congenital Malformations</u> |  | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|--|--|---|

|  |   |  |
|--|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u> </u> a.m. <u> </u> p.m.   | Month, Day, Year <u> </u>   |  |

|  |  |                              |        |       |
|--|--|------------------------------|--------|-------|
| 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 | COUNTY | STATE |
|--|--|------------------------------|--------|-------|

21. I attended the deceased from 11/14/61 to 11/14/61 and last saw her/him alive on 11/14/61  
 Death occurred at   on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                                 |                                  |
|--|---------------------------------|----------------------------------|
| 22a. SIGNATURE <u>J S Johnson M.D.</u> (Degree or title) | 22b. ADDRESS <u>2202 E 18th</u> | 22c. DATE SIGNED <u>11-18-61</u> |
|--|---------------------------------|----------------------------------|

|   |                           |   |  |
|---|---------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>11-18-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Blue Rudge Lawn</u> | 23d. LOCATION (City, town, or county) <u>Kansas City Mo.</u> |
|---|---------------------------|---|--|

|  |  |  |
|--|--|--|
| 24. FUNERAL DIRECTOR <u>Watkins Bros. Funeral Home 18th Benton</u> ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>11-18-61</u> | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> |
|--|--|--|

**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 Bruce P. Watkins

Licensed Embalmer No. 4500

P. O. Address 1st St. Bunk

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.