

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014561

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 2221 STATE FILE NUMBER

VS 300 Rev. 4/59
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9332X
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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF David R. Chiles

FILED MAY 7 1962

1. PLACE OF DEATH
a. COUNTY Clay

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Clay

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 50 Yrs.

c. CITY OR TOWN Kansas City Inside Limits Yes No

d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Inside Limits Yes No e. STREET ADDRESS (If outside, give location) Home (Nashua Community) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Fannie Middle Virginia Last Crawford 4. DATE OF DEATH Month April Day 22 Year 1962

5. SEX FEMALE 6. COLOR OR RACE Wh 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-30-75 9. AGE (last birthday) 87 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 At Home 11. BIRTHPLACE (City and state or country) Hawkins Co., Tenn. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Bernard 13b. MOTHER'S MAIDEN NAME Martha Morelock 14. NAME OF HUSBAND OR WIFE James G. 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. None 17. INFORMANT J. G. Crawford Address Nashua, 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) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH 10 da
DUE TO (b) Arteriosclerosis, generalized 10 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 1956 to April 22, 1962 and last saw her him alive on April 21, 1962. Death occurred at 230 A on the date, stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David R. Chiles M.D. 22b. ADDRESS Smithville, Mo 22c. DATE SIGNED 4-23-62

23a. BURIAL, REMOVAL, OR CREMATION (Specify) Burial 23b. DATE 4-24-62 23c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery 23d. LOCATION (City, town, or county) (State) Gladstone, Missouri

24. FUNERAL DIRECTOR McComas Funeral Home ADDRESS Smithville, Mo. 25. DATE RECD. BY LOCAL REG. 4-23-62 26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

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 Donald W. Harbes

Licensed Embalmer No. 4528

P. O. Address Smithville, 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.