

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030526
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 167

FILED SEP 4 1962

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett Length of stay in lb
c. CITY OR TOWN Holland Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin County Memorial Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Lillian Ethel Crawford
4. DATE OF DEATH Month Day Year
8 29 62
5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 8-19-1911 9. AGE (last birthday) 51 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Hornersville, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Johnson 13b. MOTHER'S MAIDEN NAME Angie Katherine Hanners 14. NAME OF HUSBAND OR WIFE Vernon Crawford
deceased 3-22-56

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 James Crawford, Holland, 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) broncho pneumonia INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (b) Metastatic Carcinoma to Lung 6 Mo.
DUE TO (c) Carcinoma origin undetermined 2 years
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.
 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 6/10/58 and last saw her alive on 8/29/62
Death occurred at 6:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R J Polenske M.D 22b. ADDRESS Hornersville, Mo 22c. DATE SIGNED 8/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8/31/62 23c. NAME OF CEMETERY OR CREMATORY HERRER Mt. Zion 23d. LOCATION (City, town, or county) (State) Steele Mo.

24. FUNERAL DIRECTOR ADDRESS McDaniel Funeral Service, Kennett Mo. 25. DATE RECD. BY LOCAL REG. 8-30-1962 26. REGISTRAR'S SIGNATURE Earl Thurston

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59

10355

20350

3

4 1

5 2

6

7 0

8 2

9 165 X

10

11

12 2-0

13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Tommy L. Roberts

Licensed Embalmer No. 4886

P. O. Address Kennett, 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.