

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045942

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1480

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 7 1963

VS 300
Rev. 4/59

15117
20020

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF *W.C. Baker, M.D.*

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 4 1/2 months	c. CITY OR TOWN RFD # 2, Bolckow
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5 miles southeast
3. NAME OF DECEASED (Type or print) First Edward Middle Marion Last Crawford		4. DATE OF DEATH Month December Day 26 , Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-29-78
9. AGE (last birthday) 84		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, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (City and state or country) Hanover, Indiana
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Henry A. Crawford	
13b. MOTHER'S MAIDEN NAME Amelia Bivens		14. NAME OF HUSBAND OR WIFE Lulu B. 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. [REDACTED]	
17. INFORMANT Glenn Crawford, Bolckow, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-Sclerotic Heart Disease with Congestive Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 1 year
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"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. _____	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 1-28-62 to 12-26-62 and last saw him alive on 12-25-62
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 4:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>W.C. Baker, M.D.</i>	
22b. ADDRESS Savannah, Missouri		22c. DATE SIGNED 1-2-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 12-26-62	23c. NAME OF CEMETERY OR CREMATORY Whitesville Cemetery	23d. LOCATION (City, town, or county) (State) Whitesville, Missouri
24. FUNERAL DIRECTOR BREIT & HAWKINS	ADDRESS SAVANNAH	25. DATE RECD. BY LOCAL REG. Jan. 3, 1963	26. REGISTRAR'S SIGNATURE <i>Wm. Clark Goodell</i>

FEB 1 1963

Permit issued 12/26/62

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 James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Davenport

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.