

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24712

State File No. ....

6710

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6710</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>			c. LENGTH OF STAY (If applicable) <b>2 Wks.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Buck Horn</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist</b>				d. STREET ADDRESS (If rural, give location) <b>Rural Route # 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b>			b. (Middle) _____		c. (Last) <b>Crawford</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 - 1 - 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>1874</b>		9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		11. BIRTHPLACE (State or foreign country) <b>Buck Horn, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Buck Alice Crawford Horn</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Hospital</b> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>							
<b>MEDICAL CERTIFICATION</b>							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pyelonephritis, chronic</b>				INTERVAL BETWEEN ONSET AND DEATH <b>0 MO.</b>			
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (b) <b>Uremia</b>			
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Benign Hypertrophy of prostate</b>							
19a. DATE OF OPERATION <b>6-15-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Benign hypertrophy of prostate.</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>1872</b> (STATE) <b>Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Lead</b>			
22. I hereby certify that I attended the deceased from <b>6-8-49</b> , 19____, to <b>8-1-49</b> , 19____, that I last saw the deceased alive on <b>8-1-49</b> , 19____, and that death occurred at <b>8 P.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>E. M. Cameron M.D.</b>				23b. ADDRESS <b>607 N. Grand, St. Louis, Mo.</b>		23c. DATE SIGNED <b>8-2-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/4/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Unknown</b>		24d. LOCATION (City, town, or county) (State) <b>Campbell Hill, Illinois</b>		
DATE REC'D BY LOCAL REG. <b>AUG 2 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Pascoe</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H. F. Pudenbostel Campbell Hill, Ill.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 5 1955

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 .....  
Student Embalmer

Signed *L. G. White*

Licensed Embalmer No. *31973*

P. O. Address *Triguera, Md*

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 this body is not embalmed, fact should be so stated above.