

FILED OCT 5 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 29586

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 376

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route #6 Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Route # 6 Rural 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION enroute to Hospital		d. STREET ADDRESS (If rural, give location) Route # 6	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Henry c. (Last) Crofford			4. DATE OF DEATH (Month) (Day) (Year) Sept 10, 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2	8. DATE OF BIRTH March 5, 1893	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 6 Days 5	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Butler Co., Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Hicks Crofford	13b. MOTHER'S MAIDEN NAME Ellen Sheppard	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWI	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Edward Crofford, Poplar Bluff Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis, Acute		1 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c) Hypertensive Heart Disease		2 1/2 yrs. 2 1/2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterial Hypertension		?????	

19a. DATE OF OPERATION None.	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 14201
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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?
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22. I hereby certify that I attended the deceased from 29 May, 1948, to 10 Sept, 1950, that I last saw the deceased alive on 24 Feb., 1950, and that death occurred at 5:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE J. Lester Harwell, M.D. MD	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 13 Sept. 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial (1)	24b. DATE 9/12/50	24c. NAME OF CEMETERY OR CREMATORY Bay Springs	24d. LOCATION (City, town, or county) (State) Butler Co., Mo.
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DATE REC'D BY LOCAL REG. Sept 26 1950	REGISTRAR'S SIGNATURE Wm. H. Johnson 428	25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch Poplar Bluff, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 3 1950

BUTLER CO. HEALTH CENTER

FILE No. 1050-403

OCT 6 1950

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 \_\_\_\_\_

Joseph R. Matlock

Student Embalmer No. 375

working under my personal supervision.

Student

Joseph R. Matlock  
Student Embalmer

Signed

Wallace N. Fitch

3859  
Licensed Embalmer No. Wallace N. Fitch

P. O. Address Poplar Bluff, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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