

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30810

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2801 Registrar's No. 594

0495  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: guidance before admission) a. STATE <u>Oklahoma</u> b. COUNTY <u>Ottawa</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Enroute to Joplin, Mo</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Cardin</u>		8350
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>to St. Johns Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>8</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carolyn</u> b. (Middle) <u>Ann</u> c. (Last) <u>Crawford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 5, 1950</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (State or foreign country) <u>Cardin, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Billy Joe Crawford</u>		13b. MOTHER'S MAIDEN NAME <u>Delpha Spheres</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Billy Joe Crawford, Cardin, Okla</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage?</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>few hrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (STATE)			
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?			
22. I hereby certify that I attended the deceased from <u>9/5</u> , 19 <u>50</u> , to <u>9/5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9/5</u> , 19 <u>50</u> , and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J. Jacoby Smid</u>			(Degree or title)	23b. ADDRESS <u>Commerce Okla</u>	23c. DATE SIGNED <u>9/6/50</u>
24a. BURIAL CREMATION REMOVAL (Specify)	24b. DATE <u>Sept. 5/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anderson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Prichard, Mo. OKLA.</u>		
DATE REC'D BY LOCAL REG. <u>9-7-50</u>	REGISTRAR'S SIGNATURE <u>By Della Hopkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence L. Robinson</u>	ADDRESS <u>Prichard, Mo. Sandy Funeral Home</u>		

RECEIVED 9-19-50  
Jasper County Health Office

County File Number 50-9-676

Date Filed 9-21-50

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 *William E. Shedd*

Licensed Embalmer No. 4770

P. O. Address *Joplin, 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 this body is not embalmed, fact should be so stated above.