S. No. 300
v. 10.48

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FILED OCT 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32583

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 261

1. PLACE OF DEATH
a. COUNTY: BOONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COLUMBIA
c. LENGTH OF STAY (in this place): 97 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION: ELLIS FISCHEL ST. CANCER HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BOONE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GLASGOW 0100
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print): a. (First) LOUISE b. (Middle) c. (Last) CRAWFORD

4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 1950

5. SEX: Female 5
6. COLOR OR RACE: Negro
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): MARRIED 1
8. DATE OF BIRTH: 1-7-95
9. AGE (In years last birthday): 55 | IF UNDER 1 YEAR: Months 9, Days 12 | IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Scott Brown.
13b. MOTHER'S MAIDEN NAME: Alice Brown
14. NAME OF HUSBAND OR WIFE: Wm. CRAWFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME: Hospital Record ADDRESS

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 1-0 Mo.

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. Fibroid Uterus — 20 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 July, 1950, *to* 19 Oct, 1950, *that I last saw the deceased alive on* 19 Oct, 1950, *and that death occurred at* 8:27 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: William T. Moss (Degree or title) M.D.
23b. ADDRESS: Ellis Fischel State Cancer Hosp., Columbia
23c. DATE SIGNED: Oct 19, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 21 1950
24c. NAME OF CEMETERY OR CREMATORY: Glasgow Cemetery
24d. LOCATION (City, town, or county) (State): Glasgow, Mo

DATE REC'D BY LOCAL REG.: Oct 19 1950
REGISTRAR'S SIGNATURE: Mrs R E Palmer
25. FUNERAL DIRECTOR'S SIGNATURE: R. Orwellell ADDRESS: Columbia, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-24-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Entered 10-24-50

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 Guy J. Shelton
Licensed Embalmer No. 4700
P. O. Address Columbia, 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.