

Dr. Chapman
FILED MAR 20 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9498
Registrar's No. 17

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 5908

1. PLACE OF DEATH a. COUNTY <u>Demasot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Concord</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hermendale 2542</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hermendale 0780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Holland Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Holland Hosp.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Crawley</u> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>2-6-51</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-7-1900</u>	9. AGE (In years last birthday) <u>51</u> Months <u>0</u> Days <u>2</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Iron Fabrics</u>	11. BIRTHPLACE (State or foreign country) <u>Whitehouse Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Will Crawley</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Hill</u>	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) <u>NA</u>	16. SOCIAL SECURITY NO. <u>2-5001</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ella Mae Logan Holland</u>	ADDRESS <u>Holland</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bright's Disease -</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>593x</u>
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 1-28, 1951, to 2-6, 1951, that I last saw the deceased alive on 2-1, 1951, and that death occurred at 6:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. R. Chapman M.D.</u> (Degree or title)	23b. ADDRESS <u>Steele, Mo</u>	23c. DATE SIGNED <u>3-5-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-11-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Near Holland Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-1-51</u>	REGISTRAR'S SIGNATURE <u>S. J. Oldham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Burton Hurt & Co</u>	ADDRESS <u>Steele Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

0780
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3-51-84

S. D. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

MAR 17 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed John H. German

Licensed Embalmer No. 4355

P. O. Address Wayti, 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.