

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26556

FILED AUG 31 1951

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO: 5430 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Franklin <i>0360</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give town) 4 mi. West of St. Clair, Mo.		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) West Alton <i>0920</i>	
		d. STREET ADDRESS (If rural, give location) Rural Rt #1	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Edwin c. (Last) Crawford, Jr			4. DATE OF DEATH (Month) (Day) (Year) Aug 2 1951		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 28 Dec 31	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Portage de Sauffley, Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George E. Crawford, Sr		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. Enl-5 July 49		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH immediate
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage, brain		DUE TO (b) Contusion of brain stem			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Hemorrhage		<i>6234</i>			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway 66	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Clair Franklin Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 1 51 11:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from ~~XXXXX~~, ~~XXXXX~~, to ~~XXXXX~~, 19 ~~XXXX~~, that I ~~had~~ saw the deceased alive on **2 Aug**, 19 **51**, and that death occurred at **7:30 A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) THOMAS S. WORTHINGTONS, 1st Lt. MC	23b. ADDRESS US Army Hospital, Fort Leonard Wood, Missouri	23c. DATE SIGNED 2 Aug 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug 2, 1951	24c. NAME OF CEMETERY OR CREMATORY Alton Illinois	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 8-22-51	REGISTRAR'S SIGNATURE E.L. Worthington	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Hedger Herin Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 432

working under my personal supervision.

Signed Clarence E. Moss

Student Embalmer

Signed _____

Walter Hedger

Licensed Embalmer No. 4265

P. O. Address Verona, 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.