

## STANDARD CERTIFICATE OF DEATH

8865

State File No. ....

FILED APR 9 1952

BIRTH NO. ....

REG. DIST. NO. 164

PRIMARY REG. DIST. NO. 3032

Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Warrensburg Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nace Nursin Home		d. STREET ADDRESS (If rural, give location) R. R. # 5 Warrensburg 1510	
3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) Blair c. (Last) Crawford		4. DATE OF DEATH (Month) (Day) (Year) Mar. 21 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 17, 1875
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Nurseman	11. BIRTHPLACE (State or foreign country) Butler Co. Penn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Nurseman		10b. KIND OF BUSINESS OR INDUSTRY K. C. Nursey	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Samuel C. Crawford		13b. MOTHER'S MAIDEN NAME Marian Blair	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lena Bowman, Warrensburg, Mo.
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) Cerebral vascular accident  ANTECEDENT CAUSES DUE TO (b) Phlebitis  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"/>		464X	
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. HOW DID INJURY OCCUR?	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
21g. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 20 49 Mar. 21 52		21h. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 20 49 Mar. 21 52, that I last saw the deceased alive on Aug 21, 1951, and that death occurred at 12:30 P.M., 1952, from the causes and on the date stated above.			
23a. SIGNATURE Joseph M. Nelson (Degree or title) M.D.		23b. ADDRESS Warrensburg, Missouri	
23c. DATE SIGNED 3/21/52		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/21/52	
24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. Mar. 24 1952		REGISTRAR'S SIGNATURE Savannah Outchfield 14750	
25. FUNERAL DIRECTOR'S SIGNATURE Fred Wilkerson, Clinton, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 1 1952

DEPT OF  
APR 1 1952  
MISSOURI  
JOHNSON COUNTY HEALTH DEPT

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.....

*Fred Weikman*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2478*

P. O. Address *Clinton, 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.