S. No. 300
v. 10.48

FILED JUN 2 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15494

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4010 Registrar's No. 40

2020
1

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

1. PLACE OF DEATH
a. COUNTY: Andrew
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rea Mo. RR
c. LENGTH OF STAY (in this place): 71 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rea Mo. R.R.
d. STREET ADDRESS (If rural, give location): 6

3. NAME OF DECEASED (Type or Print)
a. (First): Amelia
b. (Middle): Jame
c. (Last): Crawford

4. DATE OF DEATH (Month) (Day) (Year): 5.24.1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Oct. 11.1859
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months 7 Days 13 — IF UNDER 24 HRS.: Hours Min.

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

13a. FATHER'S NAME: James Bivens
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Goldie Deal, Rea Mo. R.R. Henry A. Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Goldie Deal — ADDRESS: Rea 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Perforation Bowel Ulcer — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): age
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: 578X
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* 3-15, 1952, *to* 5.24.52, 19___, *that I last saw the deceased alive on* 5-24, 1952, *and that death occurred at* 6 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E M Reynolds MD
23b. ADDRESS: Union Star Mo.
23c. DATE SIGNED: 5.25.52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5.27.52
24c. NAME OF CEMETERY OR CREMATORY: Whitesville
24d. LOCATION (City, town, or county) (State): Whitesville Mo.

DATE REC'D BY LOCAL REG.: 5-31-52
REGISTRAR'S SIGNATURE: Lillian Parks
25. FUNERAL DIRECTOR'S SIGNATURE: R. G. Taggart — ADDRESS: King City Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1953

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 R. G. Taggart

Signed.....
Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King City 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.