

FILED MAY 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16401**
1670

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		3178	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>5630 - E 12TH</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUDRY</u>		b. (Middle) <u>FLOYD</u>		c. (Last) <u>CRAWFORD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 11 52</u>	
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>8/9/11</u>		9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSPECTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BUTLER MFG CO</u>		11. BIRTHPLACE (State or foreign country) <u>KIRKSVILLE Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>JAMES CRAWFORD</u>		13b. MOTHER'S MAIDEN NAME <u>MILDRED ROGERS</u>		14. NAME OF HUSBAND OR WIFE <u>ORPHA POSE CRAWFORD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-05-3795</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Orpha Crawford K.C Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive gastro intestinal hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>295 hr</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hemorrhage due to hemophilia (hereditary)</u>				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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>4-6</u> , 19 <u>52</u> to <u>4-11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-11</u> , 19 <u>52</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B.I. Burns</u> (Degree or title)				23b. ADDRESS <u>Lexnal Hospital</u>		23c. DATE SIGNED <u>2/12/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/14/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Flora Hills</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>		
DATE REC'D BY LOCAL REG. <u>4-12-52</u>		REGISTRAR'S SIGNATURE <u>Sheralding Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SHEIL'S K.C Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten signature

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.

Signed.....
Student Embalmer

Signed *John P. Sheil*
Student Embalmer No.
Licensed Embalmer No. *23625*
P. O. Address *W. C. W.*

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.