S. No. 300
v. 10.48

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

FILED JAN 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41554

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1386

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 14 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Metho. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 1002 No. 19th St.

3. NAME OF DECEASED (Type or Print)
a. (First): BERTHA
b. (Middle): CLEO
c. (Last): CRAWFORD

4. DATE OF DEATH (Month) (Day) (Year): Dec 29, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 25, 1890
9. AGE (In years last birthday): 62 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: United Dept Store
11. BIRTHPLACE (State or foreign country): DeKalb County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Millard Bellis
13b. MOTHER'S MAIDEN NAME: Ida Bartliff
14. NAME OF HUSBAND OR WIFE: Fred 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.: 489-32-3207
17. INFORMANT'S SIGNATURE OR NAME: Gerald Crawford, Savannah, Mo. — ADDRESS

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): Skull Fracture, Basilar — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Automobile accident
DUE TO (c): Struck by car

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* E8124 25

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 25th & Fredk Ave.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Joseph, Buchanan Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-29-52 6:00P.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Was struck by car 131

22. *I hereby certify that I attended the deceased from* Feb 26, 19 47 *to* Dec 29, 19 52, *that I last saw the deceased alive on* Dec 29, 19 52, *and that death occurred at* 9:00P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gilbert C. Kelley MD
23b. ADDRESS: Savannah, Mo
23c. DATE SIGNED: 1-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-31-52
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: Jan 5, 1952
REGISTRAR'S SIGNATURE: Carl C. Casey 446
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Breit Funeral Home Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 1954

MAR 26 1958

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. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed E. C. Breit

Licensed Embalmer No.....

P. O. Address.....

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.