

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **17082**

No. 300
10-48

FILED MAY 18 1953

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 551
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY Duchanan 01172		a. STATE Missouri b. COUNTY Putnam		
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Livonia - Rural 0860		
c. LENGTH OF STAY (In this place) 7 mo - 1 day		d. STREET ADDRESS (If rural, give location) Rural		
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No 2				
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Edgar			b. (Middle) Preston	
c. (Last) Crawford			5. 11 - 1953	
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
male		white		married
8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days
Jan 5, 1875		78		4 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)
Farmer		Farming		Kansas 1
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE
Mac Crawford		Elsabeth Roop		Mrs Vada Crawford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS
no		none		Miss Vada Crawford Livonia Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				
MEDICAL CERTIFICATION				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chromo Myocarditis				
ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
DUE TO (b) arterio sclerosis hypertension				
DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		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 Oct 11, 1952, to May 11, 1953, that I last saw the deceased alive on May 9, 1953, and that death occurred at 3:25 a. m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title)			23b. ADDRESS	
Garrett Thomas M.D. O			St. Joseph Mo 7. State Hospital	
23c. DATE SIGNED				
6/11-53				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY
Removal		May 11, 1953		Loaf Cemetery
				Glennwood, Missouri
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
May 14, 1953		Lothar M. Allison 485		Maunhoffer - Fulceman St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

