

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 18 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 275

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>JASPER</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>JOPLIN</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1111 NORTH ST</u>		e. STREET ADDRESS (If rural, give location) <u>1111 NORTH ST 0495</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERT</u> b. (Middle) <u>L</u> c. (Last) <u>CRAWFORD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 13 1953</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			
8. DATE OF BIRTH <u>MAY 26 1850</u>		9. AGE (in years last birthday) <u>73</u>		10. IF UNDER 1 YEAR: Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRODUCE DEALER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETAIL PRODUCE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>OKLA.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>PAT CRAWFORD</u>		13b. MOTHER'S MAIDEN NAME <u>MARY GRIFFIN</u>			
14. NAME OF HUSBAND OR WIFE <u>OLLIE CRAWFORD</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>493-N-7427</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>OLLIE CRAWFORD</u>		ADDRESS <u>JOPLIN</u>					
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) <u>Carcinoma of pancreas, liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8 MO.</u>	
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?		<u>157X</u>					
22. I hereby certify that I attended the deceased from <u>4-25</u> 19 <u>53</u> , to <u>8-13</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-13</u> , 19 <u>53</u> and that death occurred at <u>4:00 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Virginia W. Webber</u>		23b. ADDRESS <u>Webber</u>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 15, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OSBORNE MEM.</u>			
24d. LOCATION (City, town, or county) (State) <u>JOPLIN MO.</u>		DATE REC'D BY LOCAL REG. <u>8-15-53</u>		REGISTRAR'S SIGNATURE <u>Ed S. James</u> 138			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Therese</u>		ADDRESS <u>Therese Joplin</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 17 1953
Jasper County Health Office

County File Number

Date Filed AUG 17 1953

6 8 10
AUG 17 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Doc Glover*

Licensed Embalmer No. 459

P. O. Address Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.