

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

1110

State File No.

FILED FEB 9 1954 REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 3522 Registrar's No. 8

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).	
a. COUNTY <u>Hickory</u>	b. CITY (If outside corporate limits, write RURAL and give town or township) <u>CROSS TIMBERS</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Hickory</u>
c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CROSS TIMBERS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0430</u>	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>JOHN</u>	b. (Middle) <u>ANDERSON</u>	c. (Last) <u>CRAWFORD</u>	(Month) <u>Feb</u>	(Day) <u>4</u>	(Year) <u>1954</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>Jan 10, 1883</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ret. Farmer</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>24</u>	IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
11a. BIRTHPLACE (State or foreign country) <u>Hickory Co Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Jim Crawford</u>	13b. MOTHER'S MAIDEN NAME <u>Rhea Maud Crawford</u>	14. NAME OF HUSBAND OR WIFE <u>Maud Crawford</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maud Crawford</u>
		ADDRESS <u>Cross Timbers Mo</u>

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) <u>Coronary embolism</u>	INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANCECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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	
	<u>3.32 x</u>	

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 Feb 2, 1954, to Feb 4, 1954, that I last saw the deceased alive on Feb 2, 1954, and that death occurred at 1:30P, m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. J. Bailey D.O.</u>	23b. ADDRESS <u>Warsaw Mo</u>	23c. DATE SIGNED <u>Feb 4, 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 7, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cross Timbers</u>
24d. LOCATION (City, town, or county) (State) <u>Cross Timbers Hickory Co Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reser</u>	
DATE REC'D BY LOCAL REG. <u>2-5-54</u>	REGISTRAR'S SIGNATURE <u>May Johnson</u>	ADDRESS <u>Warsaw</u>

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

FEB 1

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 John J. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.