

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7842**

BIRTH NO. FILED MAR 29 1954		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 4053	Registrar's No. 315
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeKalb		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville		
d. FULL NAME OF HOSPITAL OR INSTITUTION DeKalb Folks Home		d. STREET ADDRESS (If rural, give location) 0320 /		
3. NAME OF DECEASED (Type or Print) a. (First) BELLE		b. (Middle) PARKS		c. (Last) CRAWFORD
4. DATE OF DEATH (Month) (Day) (Year) Mar. 21 1954				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 14-1868	9. AGE (In years last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Andrew County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S. A.
13a. FATHER'S NAME John Parks		13b. MOTHER'S MAIDEN NAME Sarah Brown	14. NAME OF HUSBAND OR WIFE Hiram W. Crawford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Enos Hensel, Maysville Mo	
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) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 10 min
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis		unk.
		DUE TO (c) Arteriosclerosis		unk.
		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 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 Sept. 9, 1953, to Mar. 21, 1954 , that I last saw the deceased alive on Mar. 9, 1954 , and that death occurred at 6:30p m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Sharon E. Wiggins, M.D.		23b. ADDRESS 301 Illinois Ave., City	23c. DATE SIGNED 3-23-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/23-54	24c. NAME OF CEMETERY OR CREMATORY Graham Cemetery	24d. LOCATION (City, town, or county) (State) Graham, Missouri	
DATE REC'D BY LOCAL REG. Mar. 23, 1954	REGISTRAR'S SIGNATURE 483 Heather M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE PILCHER FUNERAL HOME ADDRESS MAYSVILLE MO.		

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

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 

O.T. Pilcher
Licensed Embalmer No. 3960

P. O. Address Mayaville 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 this body is not embalmed, fact should be so stated above.