

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26986

State File No. ....

FILED AUG 31 1954

BIRTH NO. _____		REG. DIST. NO. <u>141</u>	PRIMARY REG. DIST. NO. <u>3025</u>	Registrar's No. <u>15</u>
1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN. VIEW, MISSOURI</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WILSON REST HOME</u>		d. STREET ADDRESS (If rural, give location) <u>0460</u>		
3. NAME OF DECEASED (Type or Print) <u>JAMES WM. CRAWFORD</u>		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH <u>8-12-54</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>2-2-1874</u>		9. AGE (In years last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED HIWAY EMPLOYEE-MAINTENANCE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ADAIR CO., MISSOURI</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>DANIEL CRAWFORD</u>		
13b. MOTHER'S MAIDEN NAME <u>ELIZABETH STANTON</u>		13c. NAME OF HUSBAND OR WIFE <u>NOBE CRAWFORD</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>rena Wood, West Plains, Mo</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>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>arteriosclerosis</u>		<u>10 yrs</u>
DUE TO (c) _____		DUE TO (c) <u>Chronic myocarditis</u>		<u>5 yrs.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>232 X</u> YES <input type="checkbox"/> NO <input 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 <u>7-9-1953</u> to <u>8-12-1954</u> , that I last saw the deceased alive on <u>8-10-1954</u> , and that death occurred at <u>5:10 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>West Plains, Mo</u>		23c. DATE SIGNED <u>8/19/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>8-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WEST PLAINS, MO</u>
24d. LOCATION (City, town, or county) (State) _____		DATE REC'D BY LOCAL REG. <u>8-24-54</u>		
REGISTRAR'S SIGNATURE <u>[Signature]</u>		378-0		
25. FUNERAL DIRECTOR'S SIGNATURE <u>ROBERTSONS</u>		WEST PLAINS, MO		

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

OCT 8 1958

SEP 20 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 \_\_\_\_\_

*D. D. Roberts*

Licensed Embalmer No. *3437*

P. O. Address. *West Plains*

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.