

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17603

State File No. ....

FILED JUN 22 1955

|  |   |   |   |  |
|--|---|---|---|--|
| BIRTH NO. _____  |   | REG. DIST. NO. <u>1</u>   | PRIMARY REG. DIST. NO. <u>5000</u>  | Registrar's No. <u>169</u>   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Adair</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> |   |  |
| b. CITY OR TOWN <u>Kirksville RFD</u>  | c. LENGTH OF STAY (In this place) <u>10 years</u>   | c. CITY OR TOWN <u>Kirksville</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died at Home</u>  |   | e. STREET ADDRESS (If rural, give location) <u>RFD</u>  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Lead</u> b. (Middle) <u>Herbert</u> c. (Last) <u>Crawford</u>   |   |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 1955</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>Sept 16 1892</u>  | 9. AGE (In years last birthday) <u>63</u> Months <u>8</u>                        |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm work</u>  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Atlanta Macon, Mo.</u>  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |
| 13a. FATHER'S NAME <u>Chas. Crawford</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Fannie Goodding</u>  | 14. NAME OF HUSBAND OR WIFE <u>Vera Crawford</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <u>No</u>   | 16. SOCIAL SECURITY NO. <u>none</u>   | 17. INFORMANT'S SIGNATURE OR NAME <u>Vera Crawford</u> ADDRESS <u>Kirksville, Mo.</u>   |   |  |
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.   | MEDICAL CERTIFICATION   |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Fracture cervical spine</u>  |   |   | <u>Instant.</u>  |
|  | ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) <u>(Accidental injury)</u><br>DUE TO (c) _____ |   |   | <u>Few seconds</u>   |
| II. OTHER SIGNIFICANT CONDITIONS<br><u>Possible skull fracture</u><br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i>   |   |   | <u>Simultaneous</u>   |  |
| 19a. DATE OF OPERATION _____   | 19b. MAJOR FINDINGS OF OPERATION <u>9/2/3</u>   |   |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT <input checked="" type="checkbox"/> (Specify) <u>Suicide</u>   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On farm.</u>  | 21c. (CITY, TOWN, OR TOWNSHIP) <u>001</u> (COUNTY) <u>Adair</u> (STATE) <u>Missouri</u>   |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 16, 1955 3:15</u>  | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 21f. HOW DID INJURY OCCUR <u>Caught in hay baling machine.</u>  |   |  |
| 22. I hereby certify that I attended the deceased from <u>advice upon arrival</u> , 19 <u>55</u> , to <u>June 16, 1955</u> , that I last saw the deceased <u>die on arrival</u> , and that death occurred at <u>3:15</u> from the causes and on the date stated above. |   |   |   |  |
| 23a. SIGNATURE <u>John R. Roderick, D.O.</u> (Degree or title)   |   | 23b. ADDRESS <u>104 1/2 N Franklin St</u><br><u>Kirksville, Missouri</u>  |   | 23c. DATE SIGNED <u>6/19/55</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>  | 24b. DATE <u>June 20, 1955</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>La Plata</u>  | 24d. LOCATION (City, town, or county) (State) <u>La Plata Mo</u>  |  |
| DATE REC'D BY LOCAL REG. <u>6-20-55</u>  | REGISTRAR'S SIGNATURE <u>Kate Lambert</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm Goodding</u> ADDRESS <u>Atlanta Mo</u>   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

JUL 31 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~as by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *H. M. Goodding*

Licensed Embalmer No. *1750*

P. O. Address *Atlanta*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.