

Health, Welfare
Public Service

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DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **33732**

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 158

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Grandy</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u>		a. STATE <u>MO</u>		b. COUNTY <u>Grandy</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wright Hosp.</u>		Length of stay in 1b <u>2 days</u>		c. CITY OR TOWN <u>Trenton MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>HARRY</u>		Middle <u>Crawford</u>		Last <u>Crawford</u>		Month <u>Nov.</u> Day <u>2</u> Year <u>1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 18, 1891</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		9. AGE (In years last birthday) <u>65</u>		11. BIRTHPLACE (City and state or country) <u>TINDALL, MO</u>	
13. FATHER'S NAME <u>C.W. Crawford</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
14. MOTHER'S MAIDEN NAME <u>SALLY PONTIUS</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Mrs. Bough + Brassfield</u>		Address <u>Trenton, Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio - Vascular - Renal disease</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____
							DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Nov 1st 1955</u> to <u>Nov 19 1956</u> and last saw <u>him</u> alive on <u>Nov 19 1956</u> Death occurred at <u>Trenton Mo</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Oliver F. Duffy MD.</u>				22b. ADDRESS <u>Trenton Mo.</u>		22c. DATE SIGNED <u>Nov 21 1956</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 4, 1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Maxtin Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>TINDALL MO.</u>	
24. FUNERAL DIRECTOR <u>J. Gordon Blackmore</u>				25. DATE RECD. BY LOCAL REG. <u>11-4-56</u>		26. REGISTRAR'S SIGNATURE <u>Jrene Fair</u>	
Address <u>Trenton, Mo</u>							

(Licensed Embalmer's Statement on Reverse Side)

1951 FEB 21 1951

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.....
Gordon Blackmer

Licensed Embalmer No. *46*

P. O. Address.....
Trenton

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