

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 9 - 1957

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp. 2 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Poplar Bluff 01240 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #4 Length of stay in lb 3mos, 6days		d. STREET ADDRESS (If outside, give location) 1009 Benton Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle PEAKE. Last CRAWFORD			4. DATE OF DEATH Month Mar. Day 23 Year 1957
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 11, 1911
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common laborer - Mo. Pac. R.R. - baggage man.		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 45 IF UNDER 1 YEAR: Months 9 Days 12 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Arkadelphia, Ark.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10d. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Warren Crawford		14. MOTHER'S MAIDEN NAME Lucy Peake	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Address Records, State Hospital #4, Farmington, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Status Epilepticus - - - - - instantaneously. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Epilepsy - - - - - Abt. 8-10 yrs. DUE TO (c) 3532			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Chronic brain syndrome associated with alcoholic reaction (convulsive disorder) with neurotic reaction (convulsive disorder).			19. WAS AUTOPSY YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <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 December 17, 1956 to March 23, 1957 and last saw him ^{her} alive on March 23, 1957 . Death occurred at 2:15 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John P. Brennan M.D.</i> (Degree or title)		22b. ADDRESS State Hospital No. 4, Farmington, Mo.	22c. DATE SIGNED 3-23-57.
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	March 26, 1957	City Cemetery	Poplar Bluff, Missouri
24. FUNERAL DIRECTOR ADDRESS People's Funeral Home, Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. March 23, 1957	26. REGISTRAR'S SIGNATURE <i>Ether Redloff</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

S. 300
v. 1-56

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STATE OF ILLINOIS
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES
DIVISION OF ANATOMY
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BUREAU OF HEALTH SERVICES
DIVISION OF ANATOMY

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.

L. J. Smith
Signed _____

Student _____
Signature of Student Embalmer

Licensed Embalmer No. 4011

P. O. Address Si Keaton

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.