

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033713

STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 386

S. 300
1.-57

1. PLACE OF DEATH a. COUNTY PETTIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PETTIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEDALIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SEDALIA 8504		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 600 N PROSPECT		Length of stay in lb 7 Mo.	d. STREET ADDRESS (If outside, give location) 600 N PROSPECT		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MRS. MARY ANN CRAWFORD			4. DATE OF DEATH Month Day Year 10 8 1958		
5. SEX F	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/2/1873		9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) CLEVELAND OHIO		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME ANDREW C. GREVE		13b. MOTHER'S MAIDEN NAME SOPHIA ZIMMERMAN		14. NAME OF HUSBAND OR WIFE MAX CRAWFORD	
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. <input checked="" type="checkbox"/>	17. INFORMANT Address WALTER S. CRAWFORD 600 N PROSPECT SEDALIA, 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) Chor. myocardiitis					INTERVAL BETWEEN ONSET AND DEATH 9
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>					
DUE TO (c) <input checked="" type="checkbox"/>					4222
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <input checked="" type="checkbox"/>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 Sedalia		COUNTY Pettis	STATE Mo
21. I attended the deceased from Aug 15-58 to Oct 8-58 and last saw her alive on Oct 8-58 Death occurred at Oct 8-58-2087p. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) H. W. Greve M.D.			22b. ADDRESS Knoll Wood		22c. DATE SIGNED Oct 8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 10/9/58	23c. NAME OF CEMETERY OR CREMATOR KNOLL WOOD		23d. LOCATION (City, town, or county) (State) MAYFIELD HEIGHTS OHIO
24. FUNERAL DIRECTOR MCLAUGHLIN BROS			ADDRESS SEDALIA	25. DATE RECD. BY LOCAL REG. 10-8-1958	26. REGISTRAR'S SIGNATURE Frances Shelby

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *K. P. M. Cray*

Licensed Embalmer No. *3153*
P. O. Address *Sodalis*

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.