

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037217

STATE FILE NUMBER

4467-5
FILED OCT 20 1958

Registration District No. 242

Primary Registration District No. 4361

Registrar's No. 19

300
-57

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) Sikeston		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Sikeston, R. 3.
c. FULL NAME OF (If NOT in hospital, give location) Resident.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 072 R. F. D. 3
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Stephen xxxxxxx Crawford			4. DATE OF DEATH Month Day Year 10 - 5 - 1958		
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6 - 19 - 58	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months Days 2 15	IF UNDER 24 HRS. Hours Min. 15
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) xxxxx	10b. KIND OF BUSINESS OR INDUSTRY xxxxxx	11. BIRTHPLACE (City and state or country) Sikeston, R. F. D. 3	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Louis Moge	13b. MOTHER'S MAIDEN NAME Lonnie V. Crawford	14. NAME OF HUSBAND OR WIFE xxxxxx
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. xxxxx	17. INFORMANT Henretta Clark Sikeston, R. 3.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute toxic hypohydration		INTERVAL BETWEEN ONSET AND DEATH 1 week
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 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 WORK <input type="checkbox"/> 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 5710	COUNTY	STATE
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21. I attended the deceased from **10-4-58** to **10-5-58** and last saw him alive on **10-5-58**
Death occurred at **10:30 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. M. Dorso	(Degree or title) M.D.	22b. ADDRESS Thorehouse no.	22c. DATE SIGNED 10-7-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-7-58	23c. NAME OF CEMETERY OR CREMATORY Smith West End Road West of Sikeston, Mo.	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR Fred J. Smith	ADDRESS 1212 Maud	25. DATE RECD. BY LOCAL REG. 10-7-58	26. REGISTRAR'S SIGNATURE Kathryn L. McBain
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

OCT 22 1958

OCT 22 1958

DATE RECEIVED OCT 14 1958
NEW MADRID CO. HEALTH CENTER

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Stanton, W

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.