

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044050
STATE FILE NUMBER
5660

FILED DEC 18 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

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1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WHEATLEY HOSPT.		Length of stay in lb 60 yrs.	d. STREET ADDRESS (If outside, give location) 3347 Chestnut		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First PHYNIS Middle H. Last CRAWFORD			4. DATE OF DEATH Month November Day 27 Year 1958		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 2, 1881	9. AGE (In years last birthday) 77 yrs. IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Slater, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Thornton Crawford		13b. MOTHER'S MAIDEN NAME Mary Frances Neff		14. NAME OF HUSBAND OR WIFE Emma 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. 500-14-9921A	17. INFORMANT Mable J. Payne Address 3347 Chestnut Friend		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Post-Operative Shock					INTERVAL BETWEEN ONSET AND DEATH 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Intestinal Obstruction					
DUE TO (c) Incarcerated L. Inguinal Hernia 5610					
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"/> 2
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 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 10-25-58 to 11-26-58 and last saw her alive on 11-26-58 Death occurred at 11 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) G. W. Turner M.D.			22b. ADDRESS 1433 E. 19th St.		22c. DATE SIGNED 11-28-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-2-58	23c. NAME OF CEMETERY OR CREMATORY Highland		23d. LOCATION (City, town, or country) (State) Kans. City, Missouri	
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home ADDRESS 18th & Benton		25. DATE RECD. BY LOCAL REG. 12-1-58	26. REGISTRAR'S SIGNATURE Neva Minshall		

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

P. C. Turner

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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

Bruce R. Watkins

Licensed Embalmer No.

4500

P. O. Address

18th & Bents

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.