

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010385

STATE FILE NUMBER

MAR 23 1959

Registration District No.

274

Primary Registration District No.

2052

Registrar's No.

106

300
1-57

1. PLACE OF DEATH a. COUNTY PETTIS			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE MO 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 0804		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 113 E. 3RD ST.		Length of stay in lb 6 months	d. STREET ADDRESS (If outside, give location) 113 EAST 3RD ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES (NONE) CRAWFORD			4. DATE OF DEATH Month Day Year 3-20-1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-6-1871		9. AGE (In years last birthday) 87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) SEDALIA MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ANDREW J. CRAWFORD		13b. MOTHER'S MAIDEN NAME CATHERINE TURLEY		14. NAME OF HUSBAND OR WIFE LUCY PAINTER 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.	17. INFORMANT Address EARL T. CRAWFORD 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) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension					
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 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 3/19 to 3/19 and last saw her/him alive on 3/19 Death occurred at 4:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. E. Sweeney, MD (Degree or title)			22b. ADDRESS Sedalia MO		22c. DATE SIGNED 3/20 59 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-22-59	23c. NAME OF CEMETERY OR CREMATORY L A MONTE CEMETERY		23d. LOCATION (City, town, or county) L A MONTE MO
24. FUNERAL DIRECTOR Paul M. More-Lamonte		ADDRESS	25. DATE RECD. BY LOCAL REG. 3-20-1959		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 *Paul M. Moore*

Licensed Embalmer No. *3923*

P. O. Address *La Monte, Mo.*

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.