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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013240

STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1716

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Krestwood Hospital — Length of stay in 1b 50 years.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 100 W. 52nd St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First EUTHALIA Middle ANN Last CRAWFORD

4. DATE OF DEATH Month April Day 3, Year 1959

5. SEX Female
6. COLOR OR RACE Cauc.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Dec. 4, 1903
9. AGE (In years last birthday) 55 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Dubuque, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Lavery
13b. MOTHER'S MAIDEN NAME Annie E. Tyndall
14. NAME OF HUSBAND OR WIFE T. Eugene Crawford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mr. T. Eugene Crawford, 100 W. 52nd K. C. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uraemia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Encephalapathy
DUE TO (c)
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 (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1929, to April 3, 59 and last saw her/him alive on April 2, 59
Death occurred at ~~Krestwood Hospital~~ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]
22b. ADDRESS 1610 Professional Bldg
22c. DATE SIGNED Apr 4, 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Apr 6, 1959
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Muehlebach ADDRESS 6800 Troost
25. DATE RECD. BY LOCAL REG. 4-4-59
26. REGISTRAR'S SIGNATURE Neva Minshall

All diseases in Part I must be causally related.

Fred Irwig M.D USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

[illegible] Jewish
Prot BLDG
VI 2-3169

Call him
5109 - W. 87th Terrace

Room
1610

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed J. T. Cromell

Licensed Embalmer No. 490

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.