

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-027975

State File No.

FILED VS SEP 14 1959

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 278

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green Castle</u>	
c. LENGTH OF STAY (in this place) <u>5 1/2 years</u>		d. STREET ADDRESS (If rural, give location) <u>No street address</u> <u>1050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1025 N. Edgar</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances Jane B.</u> b. (Middle) <u>Crawford</u> c. (Last) <u>Crawford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4, 1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED <u>2</u>	8. DATE OF BIRTH <u>March 4, 1861</u>
9. AGE (In years last birthday) <u>98</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Green Castle, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm home</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Sumner Boynton</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Flanders</u>	14. NAME OF HUSBAND OR WIFE <u>William F. Crawford</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Max Crawford, Tipton, Iowa</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition & Debilitation</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> ANTECEDENT CAUSES DUE TO (b) <u>Old Age & Nausea</u> <u>3 months</u> DUE TO (c) <u>Hiatal Hernia</u> <u>More than 18 months</u> II. OTHER SIGNIFICANT CONDITIONS: <u>Pyelonephritis - Myocardosis</u> <u>Accumbency</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5604</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11/25</u> , 19 <u>58</u> , to <u>9/4</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>9/4</u> , 19 <u>59</u> , and that death occurred at <u>7:55</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Eddestman D.O.</u> (Degree or title)		23b. ADDRESS <u>Kirksville Mo</u>	23c. DATE SIGNED <u>9/4/59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 7, 1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Castle Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Green Castle, Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-10-59</u>	REGISTRAR'S SIGNATURE <u>Doris W. Rathoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glenn E. Kenton, Green City, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed.....

Carl R. Kent

Licensed Embalmer No. *4689*

P. O. Address *Green City, 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 this body is not embalmed, fact should be so stated above.