

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 4 1959

59-029020

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4096 STATE FILE NUMBER

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) Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 35 Yrs.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Trinity Lutheran Hosp.		d. STREET ADDRESS (If outside, give location) 3834 Charlotte	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Shirley Middle A Last Crawford			4. DATE OF DEATH Month Aug. Day 20 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-15-90	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED UPHOLSTERER DUFF AND REPP	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Durango, Colo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME ANDREW CRAWFORD	13b. MOTHER'S MAIDEN NAME FLORENCE EATON	14. NAME OF HUSBAND OR WIFE Merley Marie Crawford
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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) No	16. SOCIAL SECURITY NO. 487 03 8241	17. INFORMANT Mrs. Marley M. Crawford 3834 Charlotte
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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) Coronary Occlusion		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) Hyperextension	1 year
	DUE TO (c) Arterio Sclerosis	5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) no		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	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 KANSAS CITY	COUNTY JACKSON	STATE MISSOURI
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21. I attended the deceased from Aug 15, 1959 8:20-59 and last saw the ^{him} alive on Aug 20, 1959 Death occurred at Aug 20, 1959 m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) M. B. Casbolt	22b. ADDRESS 4006 Baltimore	22c. DATE SIGNED Aug 20/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/26/1959	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEM	23d. LOCATION (City, town, or county) KANSAS CITY, MO.
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24. FUNERAL DIRECTOR D.W. Newcomers Sons Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 8-24-59	26. REGISTRAR'S SIGNATURE Neva Minchall
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DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION M. B. Casbolt

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vern L. Lawler

Licensed Embalmer No. 4913

P. O. Address K.C. Mo.

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