

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029665

FILED VS AUG 26 1959 285

Registration District No. 285 Primary Registration District No. 5647 Registrar's No. 97

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lawrence County			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lawrence			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN route 1 Monett (FREISTADT)		Length of stay in 1b 0 months	c. CITY OR TOWN R 1 Marionville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Crest View Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Route 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Oma Middle Ellen Last Crawford			4. DATE OF DEATH Month August Day 15 Year 1959			
5. SEX Female	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 9-26-1887	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months 71 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Aurora, Lawrence Co. Missouri	12. CITIZEN OF WHAT COUNTRY U S A		
13a. FATHER'S NAME Conway Emerson Hubbard		13b. MOTHER'S MAIDEN NAME Ermine Culton Acock		14. NAME OF HUSBAND OR WIFE W. H. Crawford		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT Address W. H. Crawford, R 1 Marionville 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) General Debility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple Abscesses - Urinary - Incontinent DUE TO (c) Post Cerebro-Vascular accident					INTERVAL BETWEEN ONSET AND DEATH 1 Mo. 1 Mo. 3 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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.)				
20c. TIME OF INJURY Hour 6:55 Month, Day, Year 1/29/59		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.) 7/30/59	20f. CITY, TOWN, OR LOCATION 7/30/59	COUNTY Lawrence STATE Missouri	
21. I attended the deceased from 6:55 A. to 7/30/59 and last saw her alive on 7/30/59 Death occurred at 6:55 A. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22. SIGNATURE Ernest Hoover MD (Degree or title)			22b. ADDRESS Dr. Vernon, Mo		22c. DATE SIGNED 8/27/59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug. 15, 1959	23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	23d. LOCATION (City, town, or county) Aurora, Missouri.			
24. FUNERAL DIRECTOR J. B. Swidge ADDRESS Marionville, Mo.		25. DATE RECD. BY LOCAL REG. 8-17-59	26. REGISTRAR'S SIGNATURE Cecil Hendricks			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed William A. Full

Licensed Embalmer No. 4658

P. O. Address Marionville

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