

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012472

FILED VS MAR 25 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 2885** STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST. LOUIS, MO.		a. STATE ILLINOIS b. COUNTY GALLATIN	
Length of stay in 1b 37 DAYS		c. CITY OR TOWN RIDGWAY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADMIN. HOSPITAL		d. STREET ADDRESS (If outside, give location) GENERAL DELIVERY Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Middle Last JAMES D. CRAWFORD			Month Day Year MARCH 10 1960		
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 8/22/12 47	9. AGE (last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POLICEMAN		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) RIDGWAY, ILLINOIS	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME GEORGE CRAWFORD		13b. MOTHER'S MAIDEN NAME ROSANNA SMITH		14. NAME OF HUSBAND OR WIFE EILEEN CRAWFORD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II		16. SOCIAL SECURITY NO. 396-05-4076	17. INFORMANT Address EILEEN CRAWFORD, RIDGWAY, ILLINOIS		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) TRACHEOSOPHAGEAL OBSTRUCTION		24 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) MASSIVE MEDIASTINAL TUMOR OF RIGHT LUNG	-
	DUE TO (c) 163x	-

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	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	COUNTY STATE

21. I attended the deceased from **2/2/60** to **3/10/60** and last saw ^{her}him alive on **3/10/60**
 Death occurred at **2:05 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title) JABCZENSKI, M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 3/10/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-12-60	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Ridgway, Ill.
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24. FUNERAL DIRECTOR ADDRESS Cox Funeral Home, Ridgway, Ill.	25. DATE RECD. BY LOCAL REG. MAR 11 1960	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF *Carl Smith, M.D.*

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Elmer R. Cad.

Licensed Embalmer No. 405

P. O. Address St. Louis

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.