

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-026469**

FILED VS JUL 25 1960

128

Primary Registration District No. 2000

Registrar's No. 787

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Greene County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>	Length of stay in lb <b>1 week</b>	c. CITY OR TOWN <b>Marionville</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Springfield Baptist Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>406 Missouri Ave.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Emma</b> Middle <b>Gertrude</b> Last <b>Crawford</b>	4. DATE OF DEATH Month <b>July</b> Day <b>18</b> Year <b>1960</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-28-1900</b>	9. AGE (last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>28</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>News Paper co-editor</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Polk, Pobjk Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Charles P. Hood</b>	13b. MOTHER'S MAIDEN NAME <b>Stella R. Rush</b>	14. NAME OF HUSBAND OR WIFE <b>C. W. Crawford</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>C. W. Crawford, Marionville, Mo.</b>
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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) <b>Adenocarcinoma of lung</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

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
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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 _____ a.m. _____ p.m. Month, Day, Year _____	
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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 <b>Marionville</b>	COUNTY <b>Missouri</b>	STATE <b>Missouri</b>
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21. I attended the deceased from **March 1956** to **July 18, 1960** and last saw her live on **July 18, 1960**  
Death occurred at **500** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>E. C. Callaway</b> (Degree or title)	22b. ADDRESS <b>Springfield, Mo</b>	22c. DATE SIGNED <b>7/19/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal Burial</b>	23b. DATE <b>7-22-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Marionville Missouri</b>
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24. FUNERAL DIRECTOR <b>Bradford Surridge F. H. Marionville Mo</b>	25. DATE RECD. BY LOCAL REG. <b>7-21-60</b>	26. REGISTRAR'S SIGNATURE <b>Effie S. Meeter</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 25 1960

*An embalmer*

**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 *Leo L. Gorman*

Licensed Embalmer No. 3177

P. O. Address Springfield

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.