

FILED VS JAN 17 1961

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH-61-000065
STATE FILE NUMBER 6

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rock Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Allen Nursing Home 1 yr		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 403 X-2-804 Leonard Drive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mary Francis Crawford			4. DATE OF DEATH Month Day Year January 10, 1961		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/16/1873	9. AGE (In years last birthday) 87	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Widow in Nursing Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Dent County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas Stagner James Crawford		13b. MOTHER'S MAIDEN NAME E. Nelson Mary F. Stagner	14. NAME OF HUSBAND OR WIFE Unknown - James Crawford		
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. None	17. INFORMANT Address Nursing Home Record Mexico, 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) Cardiac failure					INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis + infarction of myo	DUE TO (c) 4500			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. Month, Day, Year p.m. corr. by affidavit 2/1/61					
20d. INJURY OCCURRED WHILE AT <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 1-4-60 to 1-10-61 and last saw ^{her} _{him} alive on Jan 8, 1961 Death occurred at 4:20 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) M. D.			22b. ADDRESS Mexico, Mo		22c. DATE SIGNED Jan 10, 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/11/61	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or country) (State) St. Louis County, Mo.		
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. Jan 10-1961	26. REGISTRAR'S SIGNATURE Blanche Neely	

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
ALL DISSECTED BY AT MOST BY
S. P. Kallenbach, M.D.

JAN 19 1961

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 _____
Signature of Student Embalmer

Signed *Richard T. Freden*

Licensed Embalmer No. *4825*
P. O. Address *Memo*

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.