

## OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041592

STATE FILE NUMBER

AMENDED

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 4

FILED NOV 16 1961

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Aurora</u>		Length of stay in lb <u>9 days</u>		c. CITY OR TOWN <u>Marionville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Aurora Community Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Frisco</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Pearl</u> Middle <u>Wolf</u> Last <u>Crawford</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>8,</u> Year <u>1961</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11/27/1884</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Allenton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Waggonner</u>		13c. MOTHER'S MAIDEN NAME <u>Emma Matthews</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Crawford</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>				17. INFORMANT Address <u>Lillian Aldridge 400 Washington, E. Alton, Ill</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ASCVD - Myocardial Infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> DUE TO (b) <u>Coronary Thrombosis</u> <u>9 days</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>  </u>							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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 <u>  </u> Month, Day, Year <u>  </u>	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 <u>10/30/61</u> to <u>11/8/61</u> and last saw him alive on <u>11/8/61</u> Death occurred at <u>12:40</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Wm P. Hamilton MD</u> (Degree or title)			22b. ADDRESS <u>P.O. Box 506 Aurora Mo</u>			22c. DATE SIGNED <u>11/8/61</u> (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Nov. 8, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Louis Co. Mo.</u>				
24. FUNERAL DIRECTOR <u>Bradford-Surridge</u> ADDRESS <u>Marionville, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Nov. 8, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Georgetta Jingley</u>				

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 16 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 William A. Fuller

Licensed Embalmer No. 4658  
P. O. Address Marionville

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.