

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027052

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 269

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 12 1963

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MACON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		c. CITY OR TOWN ATLANTA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith Hosp.		d. STREET ADDRESS R.F.D 1#	

3. NAME OF DECEASED (Type or print) First Earl Middle Andrew Last Crawford			4. DATE OF DEATH Month 8 Day 1 Year 1963			
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 7-5-1886	9. AGE (last birthday) 77	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY MACON Co. Mo.		11. BIRTHPLACE (City and state or country) U.S.A.		
13a. FATHER'S NAME Andrew J. Crawford		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Lyda Mabel Radcliffe Crawford		14. NAME OF HUSBAND OR WIFE Mrs. Mabel Crawford - Atlanta, Mo.		
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.		17. INFORMANT Address Atlanta, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Arteriosclerotic heart disease**

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

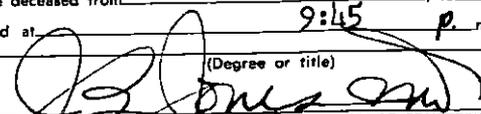
20c. TIME OF INJURY: Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION **Kirksville, Missouri** COUNTY _____ STATE _____

21. I attended the deceased from **8-6-60** to **8-1-63** and last saw him alive on **8-1-63**
Death occurred at **9:45** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE  (Degree or title) _____ 22b. ADDRESS **Kirksville, Missouri** 22c. DATE SIGNED **8-6-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **8-4-1963** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Zion** 23d. LOCATION (City, town, or county) (State) **Redman - Mo.**

24. FUNERAL DIRECTOR **Theo H. Gooding - Atlanta, Mo** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **Aug 8, 1963** 26. REGISTRAR'S SIGNATURE **Doris W. Radloff**

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
VS 300- Rev. 4/59
1 0017
2 0610
3
4 0
5 1
6
7 0
8 2
9 200
10
11
12 1-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued Aug 1, 1963

J. B. JONES, M.D.

OCT 8 1963

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 Shes H Goodding

Licensed Embalmer No. 3982

P. O. Address Atlanta, Mo.

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.

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