

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 22 1951

State File No. 17377

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 2046 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Moniteau Co		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Walker 680	
d. FULL NAME OF HOSPITAL OR INSTITUTION Latham Hospital		d. STREET ADDRESS (If rural, give location) Rt #1. California, Mo	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Edger	c. (Last) Crawford	4. DATE OF DEATH (Month) (Day) (Year) May 12 1951
--	-----------------------	----------------------	-----------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 31, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Mins.
----------------	---------------------------	---	----------------------------------	---------------------------------------	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent	10b. KIND OF BUSINESS OR INDUSTRY Insurance Agent	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--

13a. FATHER'S NAME W.D. Crawford	13b. MOTHER'S MAIDEN NAME Margrett Vannool	14. NAME OF HUSBAND OR WIFE Erna Crawford
-------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes	16. SOCIAL SECURITY NO. Spanish American None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Erna Crawford	ADDRESS California
--	--	---	-----------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myelogenous Leukemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) California, Moniteau Mo
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2041
--	--	------------------------------------

22. I hereby certify that I attended the deceased from April 9, 1951, to May 11, 1951, that I last saw the deceased alive on May 11, 1951, and that death occurred at 5:55A m., from the causes and on the date stated above.

23a. SIGNATURE R. J. Fulcher	(Degree or title) M.D.	23b. ADDRESS California, Mo	23c. DATE SIGNED 5-14-51
---------------------------------	---------------------------	--------------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/15/1951	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) California, MO
---	------------------------	---	---

DATE REC'D BY LOCAL REG. 5-14-51	REGISTRAR'S SIGNATURE H. K. Popenoy	M. # 202	25. FUNERAL DIRECTOR'S SIGNATURE Euse Boulton	ADDRESS California
-------------------------------------	--	----------	--	-----------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 5-21-51

JUL 18 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed James R. Pooulin

Signed.....  
Student Embalmer

Licensed Embalmer No. 2126

P. O. Address California

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 this body is not embalmed, fact should be so stated above.