

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23751

State File No.

BIRTH NO.		REG. DIST. NO. <u>223</u>		PRIMARY REG. DIST. NO. <u>5795</u>		Registrar's No. <u>62</u>			
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>					
b. CITY OR TOWN <u>Rural Crestview</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>8680</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>SAMUEL</u>		b. (Middle) <u>Joseph</u>		c. (Last) <u>Crawford</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 30 - 1866</u>			
9. AGE (in years, last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James Crawford</u>		13b. MOTHER'S MAIDEN NAME <u>Sirivella Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Barnett</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See pg. or unknowns) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Oscar Zibold</u> ADDRESS <u>California Mo</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4500		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)					
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?					
22. I hereby certify that I attended the deceased from <u>6-25</u> , 19 <u>54</u> , to <u>7-14</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-14</u> , 19 <u>54</u> , and that death occurred at <u>8:40 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Lionie M. Gallagher M.D.</u>				23b. ADDRESS <u>California Mo.</u>		23c. DATE SIGNED <u>7-15-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 16-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Haubt Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moniteau County Mo</u>			
DATE REC'D BY LOCAL REG. <u>7/16/54</u>		REGISTRAR'S SIGNATURE <u>H. P. Hapgood</u>		506		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u> ADDRESS <u>California</u>			

Licensed Embalmer's Statement on Reverse Side

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

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.....

Licensed Embalmer No. 3537

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.