

CERTIFICATE OF DEATH

124 70 0019318

DO NOT WRITE  
ON THIS STUB

VS 300  
Rev. 1/70

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 215

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <b>Manerva Jane Crawford</b>		2. <b>FM</b>	3. <b>May 16 1970</b>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. <b>White</b>	5a. <b>90</b>	6. <b>June 15 1879</b>	7a. <b>Cole</b>
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. <b>Jefferson City, Mo.</b>		7d. <b>Charles E Still Hospital</b>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
8. <b>Missouri</b>		10. <b>Widowed</b>	
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
17. <b>487-56-4816 JI</b>		13b. <b>Own Home</b>	
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		13c. <b>House Wife</b>	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
14a. <b>Missouri</b>	14b. <b>Moniteau</b>	14c. <b>California, Mo</b>	14d. <b>208 E South St.</b>
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. <b>Freeling Cary (Deceased)</b>		16. <b>Mary Brown Deceased</b>	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. <b>Glover Crawford</b>		17b. <b>California, Mo -65018</b>	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
18. IMMEDIATE CAUSE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) <b>Valvular prosthesis</b>			<b>5 min</b>
(b) <b>Myocardial infarction</b>			<b>5 min</b>
(c) <b>Renoschistis heart disease</b>			<b>year</b>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (10)			
19. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)			
DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
70a. <b>20E</b>		70b. <b>20c.</b>	70d. <b>20d.</b>
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20e. <b>20f.</b>		20g. <b>20h.</b>	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		AND LAST SAW HIM/HER ALIVE ON	
21a. <b>21b.</b>		21c. <b>21d.</b>	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	
22a. <b>22b.</b>		22c. <b>22d.</b>	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OF TITLE
23a. <b>23b.</b>		23c. <b>23d.</b>	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
23a. <b>23b.</b>		23c. <b>23d.</b>	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE
24a. <b>24b.</b>		24c. <b>24d.</b>	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
24a. <b>24b.</b>		24c. <b>24d.</b>	
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
25a. <b>25b.</b>		25c. <b>25d.</b>	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

**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

*Jack H. Bowlin*

Licensed Embalmer No. 4933

P. O. Address California, 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.