

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003365

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 583

FILED JAN 25 1963

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DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
SHOULD READ  
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>40 days</b>	c. CITY OR TOWN <b>Centertown, Missouri</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis Little Rock Hosp. Inc.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Box 103</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Loral</b> Middle <b>Howard</b> Last <b>Crawford</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>18</b> Year <b>1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-29-1897</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Loco. Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	9. AGE (last birthday) <b>65</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11a. FATHER'S NAME <b>Undrell Crawford</b>		11b. MOTHER'S MAIDEN NAME <b>Viennie Jones</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <b>Beatrice Crawford</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W.I</b>		16. SOCIAL SECURITY NO. <b>702-18-0167</b>	17. INFORMANT Address <b>Box 103</b> <b>Mrs. Beatrice Crawford Centertown, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Congestive Heart Failure</b>  DUE TO (b) <b>Lupus erythematosus disseminatus</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <b>456x</b>			INTERVAL BETWEEN ONSET AND DEATH
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 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 a.m. p.m.	Month, Day, Year		
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 <b>Dec. 9, 1962</b> to <b>Jan. 18, 1963</b> and last saw him alive on <b>Jan. 17, 1963</b> Death occurred at <b>4:15 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Earl Bowlin</i>		22b. ADDRESS <b>1755 So. Grand Blvd.</b>	22c. DATE SIGNED <b>1-18-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>1-18-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Centertown Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Centertown, Missouri</b>
24. FUNERAL DIRECTOR <b>Earl Bowlin Funeral Home, Calif. Mo.</b>		25. DATE REC'D BY LOCAL REG. <b>JAN 18 1963</b>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

FEB 7 1963

FEB 6 1963

Name of Deceased \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Name of Physician \_\_\_\_\_  
 Name of Hospital \_\_\_\_\_  
 Name of Funeral Home \_\_\_\_\_  
 Name of Embalmer \_\_\_\_\_  
 Name of Student Embalmer \_\_\_\_\_  
 Name of Witness \_\_\_\_\_  
 Name of Witness \_\_\_\_\_  
 Name of Witness \_\_\_\_\_

**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 Edmond R. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.