

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 17 Primary Registration District No. 3016 Registrar's No. 380034602 STATE FILE NUMBER

DO NOT WRITE ON THIS SIDE

AMENDED

FILED OCT 5 1964

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo		Length of stay in 1b 4 1/2 Hr	c. CITY OR TOWN Clarksburg, Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Gen Del
3. NAME OF DECEASED (Type or print) First Middle Last Edwin Gray Crawford			4. DATE OF DEATH Month Day Year Sept 30 1964
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 10/22/74
10a. USUAL OCCUPATION (Give kind of work done including most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	9. AGE (last birthday) 89
13a. FATHER'S NAME Samual Crawford		13b. MOTHER'S MAIDEN NAME Nancy Jane Bybee	12. CITIZEN OF WHAT COUNTRY U.S.A.
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. None	17. INFORMANT Address Earl Jack Crawford-Sedalia, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 6 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis			5+ years
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 9-29-64 only and last saw her/him alive on 9-29-64		Death occurred at 3/15 A on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE R. B. Dulh. M.D. (Degree or title)		22b. ADDRESS California, Mo	22c. DATE SIGNED 10-1-64
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/1/64	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	23d. LOCATION (City, town, or county) Clarksburg, Mo (State)
24. FUNERAL DIRECTOR Bowlin Funeral Home-California, Mo ADDRESS		25. DATE RECD. BY LOCAL REG. 3 October 1964	26. REGISTRAR'S SIGNATURE Norma E. Richter

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VSS300
Rev. 4/59

1 **0269**

2 **20680**

3 **2**

4 **0**

5 **1**

6

7 **0**

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9 **94201**

10

11

12 **3-0**

13 **1-0**

USE BLACK INK OR TYPEWRITER RIBBON

OCT 6 1964

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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 Joel H Bowler
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.