

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028600

STATE FILE NUMBER

FILED SEP 8 1958

Registration District No.

77

Primary Registration District No.

3016

Registrar's No.

262

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Cole County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>California</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Marys Hosp.</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Riley CRAWFORD</u>		4. DATE OF DEATH Month Day Year <u>Sept 1 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 12 - 1871</u>
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>	9. AGE (In years last birthday) <u>87</u> IF UNDER 1 YEAR Months Days Hours Min. <u>0 19</u> IF UNDER 24 HRS.
11a. FATHER'S NAME <u>James Crawford</u>		11b. MOTHER'S MAIDEN NAME <u>Mary Garrett</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>no</u>		14. SOCIAL SECURITY NO. <u>no</u>	15. INFORMANT Address <u>Nellie Ann Crawford California Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia, marked,</u> DUE TO (b) <u>Hydronephrosis + Hydroureters,</u> DUE TO (c) <u>due to benign hyperplasia prostate,</u> <u>Cystitis + Prostatitis, acute, severe 2 years</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pancreatitis, acute + chronic</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u> <u>6 mos.</u> <u>2 years</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>8-19-58</u> to <u>9-1-58</u> and last saw him alive on <u>9-1-58</u> Death occurred at <u>8:15 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Regree or title) <u>Rendall Q. Clark, M.D.</u>		22b. ADDRESS <u>Jefferson City MO</u>	
22c. DATE SIGNED <u>9-2-58</u>		22d. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	
22e. LOCATION (City, town, or county) (State) <u>Missouri</u>		22f. DATE RECD. BY LOCAL REG. <u>2 September 1958</u>	
22g. REGISTRAR'S SIGNATURE <u>R. P. Harris</u>		22h. FUNERAL DIRECTOR ADDRESS <u>Hugh E. Williams California Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 10 1958

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 *Hugh E. Williams*

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.