

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

State File No.

7456

Registrar's No.

1246

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> c. LENGTH OF STAY (In this place)  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>California</b> d. STREET ADDRESS (If rural, give location)  <div style="text-align: right; font-size: 1.5em;">0684</div>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Marvin</b> b. (Middle) <b>H.</b> c. (Last) <b>Crawford</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb. 1, 1953</b>	
<b>5. SEX</b> <b>Male</b> <b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b> <b>8. DATE OF BIRTH</b> <b>Nov. 1, 1894</b>	
<b>9. AGE</b> (In years last birthday) <b>58</b> IF UNDER 1 YEAR Months IF UNDER 1 YEAR Days IF UNDER 1 YEAR Hours IF UNDER 1 YEAR Min.		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>California, Mo.</b> <b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Publisher</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Printer</b>	
<b>13a. FATHER'S NAME</b> <b>Howard Crawford</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Annie Craig</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Emma</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Emma Crawford, California, Mo.</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Infarction of myocardium due to arteriosclerotic coronary occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Polycystic Kidneys unknown</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>16 hrs</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <b>4201</b>		<b>22. I hereby certify that I attended the deceased from 1 FEB 1953, to 1 Feb, 1953, that I last saw the deceased alive on 1 FEB, 1953, and that death occurred at 12:10 p.m., from the causes and on the date stated above.</b>	
<b>23a. SIGNATURE</b> (Degree or title) <b>Richard A. Jones MD</b>		<b>23b. ADDRESS</b> <b>3720 Washington</b>	
<b>23c. DATE SIGNED</b> <b>2 FEB 53</b>		<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>	
<b>24b. DATE</b> <b>2-1-53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>California, Mo.</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>California, Mo.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd</b>	
<b>DATE REC'D BY LOCAL REGISTRAR</b> <b>FEB 2 1953</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith MD</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

MS  
DEC 13 1950

FEB 25 1951

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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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 this body is not embalmed, fact should be so stated above.