No. 300
10-48

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

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13531

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 154

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington RURAL
c. LENGTH OF STAY (In this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RR 4, St. Francois Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Francois 90
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington, Mo
d. STREET ADDRESS (If rural, give location): R.R. 4.

3. NAME OF DECEASED (Type or Print): a. (First) Ruth b. (Middle) Elizabeth c. (Last) Crawford

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Feb 27, 1859

9. AGE (In years last birthday): 90 IF UNDER 1 YEAR Months: 2 Days: 4 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): St. Francois Co. Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Mitcheal Short

13b. MOTHER'S MAIDEN NAME: Nancy Raby

14. NAME OF HUSBAND OR WIFE: W.S. Crawford

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'S SIGNATURE OR NAME ADDRESS: Mrs Leno Jones Farmington, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertentic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Chronic Nephritis

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 592 X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1949, *to* May 1, 1949, *that I last saw the deceased alive on* May 1, 1949, *and that death occurred at* 4:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L.M. Stanfield D.O.

23b. ADDRESS: Farmington Mo

23c. DATE SIGNED: 5/2/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5/3/49

24c. NAME OF CEMETERY OR CREMATORY: Melvin Cemetery

24d. LOCATION (City, town, or county) (State): Melvin, Texas

DATE REC'D BY LOCAL REG.: May 2, 1949

REGISTRAR'S SIGNATURE: Esther Rudloff 289

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Miller Funeral Home Farmington Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Local Health Officer No. 4

Local File Number 549-619

Date Filed 5-9-49

MAY 10 1949

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 Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington, Miss.

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.