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V. 5-17-39  
P. 1 X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24765**

**FILED JUL 24 1947**  
Registration District No. **194B**

Primary Registration District No. **5708**

Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**

(a) County **Mc Donald**

(b) City or town **Rural Buffalo**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Goodman Missouri Route # 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Three years** (Specify whether years, months or days)

In this community \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Winnie Eliza Crow**

**3. (b) If veteran, name war.** **No**

**3. (c) Social Security No.** **No**

**4. Sex** **Female** / **5. Color or race** **White**

**6. (a) Single, widowed, married, divorced** **Widowed**

**6. (b) Name of husband or wife** \_\_\_\_\_

**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased.** **August 23 1880**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>66</b>	<b>5</b>	<b>10</b>	hr. min.

**9. Birthplace** **Unknown Texas**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **House Keeper**

**11. Industry or business** \_\_\_\_\_

MOTHER FATHER

**12. Name** **James Omohandro**

**13. Birthplace** **Unknown Unknown**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Willie Phillips**

**15. Birthplace** **Unknown Unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Ted Crow**

**(b) Address** **Neosho, Missouri**

**17. (a) Burial** **(b) Date thereof** **2 4 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Oak Wood Cemetery**

**18. (a) Signature of funeral director** **Chas. W. Williams**

**(b) Address** **Goodman, Missouri**

**19. (a) July 1, 1947** **(b) Mrs. Fred W. Smith**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **McDonald**

(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Goodman Missouri Route # 1**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Feb** day **2nd** year **1947** hour **12** minute **30 a** M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

**Immediate cause of death** **Coronary Occlusion** **Duration** \_\_\_\_\_

**Due to** \_\_\_\_\_

**Due to** \_\_\_\_\_

**Other conditions** **GI/A**  
(Include pregnancy within 3 months of death)

**Major findings:** **GI/A**  
**Of operations** \_\_\_\_\_

**Of autopsy** \_\_\_\_\_

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**

**(a) Accident, suicide, or homicide (specify)** \_\_\_\_\_

**(b) Date of occurrence** \_\_\_\_\_

**(c) Where did injury occur?** \_\_\_\_\_  
(City or town) (County) (State)

**(d) Did injury occur in or about home, on farm, in industrial place, in public place?** \_\_\_\_\_

**While at work?** \_\_\_\_\_ **(e) Means of injury** **3**

**23. Signature** **P. M. Humphrey** **(M.D. or other)**

**Address** **Pinville, MO** **Date signed** **2-1-47**

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed John B. Papineau  
Licensed Embalmer No. 4446  
P. O. Address Goodman, 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 this body is not embalmed, fact should be so stated above.**