

No. 300
10.48

FILED FEB 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4021**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **48**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Boone	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia
d. FULL NAME OF HOSPITAL OR INSTITUTION 611 1/2 N. 8th St.		d. STREET ADDRESS (If rural, give location) 611 1/2 N. 8th St.	

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle) JEFFERSON	c. (Last) CROWLEY	4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1949
---	--------------------------	------------------------------	--------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 4, 1872	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 15 MIN. Hours _____ Min. _____
------------------------------	---	---	---	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Floor Sanding	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Howard County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
--	--	--	--

13a. FATHER'S NAME William Crowley	13b. MOTHER'S MAIDEN NAME Susan Todd	14. NAME OF HUSBAND OR WIFE Beulah Crowley
---	---	---

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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Thos. J. Crowley, Columbia, Mo.
--	--------------------------------	---

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension. DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		352*	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	-----------------------------------

22. I hereby certify that I attended the deceased from Feb-12, 1949, to Feb-13, 1949, that I last saw the deceased alive on 2-12, 1949, and that death occurred at 4A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. C. Suggitt M.D.	23b. ADDRESS Columbia	23c. DATE SIGNED 2-14-49
--	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 15, 1949	24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Mo.
---	--	---	--

DATE REC'D BY LOCAL REG. Feb. 14, 1949	REGISTRAR'S SIGNATURE Mrs R Eo Palmer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carren Funeral Service, Columbia, Mo.
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

0
2
4

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 23 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.

Signed M. D. White

Signed _____
Student Embalmer

Licensed Embalmer No. 3893

P. O. Address Columbia, 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.