

FILED JAN 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1894**

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Maryville)		c. LENGTH OF STAY (in this place) 2 wks.		c. CITY (If outside corporate limits, write RURAL and give township) Pickering		0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) none			
3. NAME OF DECEASED (Type or Print) a. (First) EUGENE		b. (Middle) LEE		c. (Last) CROWSON		4. DATE OF DEATH (Month) (Day) (Year) 1 1 50	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9/29/65	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hour _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical doctor		10b. KIND OF BUSINESS OR INDUSTRY Self-employed		11. BIRTHPLACE (State or foreign country) Fulton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Richard Crowson		13b. MOTHER'S MAIDEN NAME Eliza Todd		14. NAME OF HUSBAND OR WIFE Edith Nesbit Crowson			
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. E. L. Crowson, Pickering, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis				INTERVAL BETWEEN ONSET AND DEATH 12 days	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				332X	
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)		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) (Min.)		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 12/20, 1949 , to Jan. 1, 1950 that I last saw the deceased alive on 1/1, 1950 , and that death occurred at 5:00P m. , from the causes and on the date stated above.							
23a. SIGNATURE E. N. Kirk (Degree or title) M. D.				23b. ADDRESS Hopkins, Missouri		23c. DATE SIGNED 1/4/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1/4/49		24c. NAME OF CEMETERY OR CREMATORY Webster Grove Cem.		24d. LOCATION (City, town, or county) (State) Webster Groves, Mo.	
DATE REC'D BY LOCAL REG. 1-7-50		REGISTRAR'S SIGNATURE Bess Holt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.			

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

0742

JAN 24 1950



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

John W. Price

Licensed Embalmer No. *4281*

P. O. Address *Maryville 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.