

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20983

BIRTH NO.		REG. DIST. NO. 226		PRIMARY REG. DIST. NO. 5800		Registrar's No.	
1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Indian Creek		c. LENGTH OF STAY (in this place) 33 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural Indian Creek 0691			
d. FULL NAME OF HOSPITAL OR INSTITUTION MONROE CITY RR#1				d. STREET ADDRESS (If rural, give location) MONROE CITY RR#1			
3. NAME OF DECEASED (Type or Print)		a. (First) FRANCIS		b. (Middle) ROYAL		c. (Last) CROWLEY	
4. DATE OF DEATH		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH JULY 25 1892		9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHANIC		11. BIRTHPLACE (State or foreign country) Liberal Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME CHARLES Howker		13b. MOTHER'S MAIDEN NAME LUCINDIA RAZIE		14. NAME OF HUSBAND OR WIFE MARY G. CROWLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Eale Crowley Monroe City Mo.		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC VALVULAR HEART DISEASE				INTERVAL BETWEEN ONSET AND DEATH 5 YEARS	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4314	
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)		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 MAY 12 1945 , to JUNE 11 1950 , that I last saw the deceased alive on JUNE 10 1950 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature]				23b. ADDRESS Monroe City Missouri		23c. DATE SIGNED JUNE 13 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 13-1950		24c. NAME OF CEMETERY OR CREMATORY ST STEVENS CEMETERY		24d. LOCATION (City, town, or county) (State) Monroe City Missouri RR1	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Anno M. Bundy		437 WILSON & SONS		25. FUNERAL DIRECTOR'S SIGNATURE Monroe City Mo.	

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

JUN 30 1950

RECEIVED JUN 24 1950
District Health Officer No. 10

District File Number 6-90-1021

Date Filed JUN 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 no

working under my personal supervision.

Student Embalmer No.

Signed Leslie L. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Moiret City 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.