

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

FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34461**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **6** PRIMARY REG. DIST. NO. **6042** Registrar's No. **158**

1. PLACE OF DEATH a. COUNTY <b>PIPERY-VARNOR TWP.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PIPERY</b>	
b. CITY OR TOWN <b>NAYLOR-RURAL</b>	c. LENGTH OF STAY (In this place) <b>1 M.</b>	c. CITY OR TOWN <b>DONIPHAN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Armed Old Folks Home</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MATTIE I</b> b. (Middle) <b>CROWELL</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>10-16-1950</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>3-21-1874</b>		9. AGE (In years last birthday) <b>76</b> IF UNDER 1 YEAR: Months <b>6</b> Days <b>25</b> IF UNDER 12 HOURS: Hours <b>—</b> Min. <b>—</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE KEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>CARTER COUNTY MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>ANDREW S. ASBURN ET</b>		13b. MOTHER'S MAIDEN NAME <b>EDGEMETH C. RODGERS</b>		14. NAME OF HUSBAND OR WIFE <b>BEN CROWELL</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Sessie Guyman</b> ADDRESS <b>RMS</b>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>angina pectoris</b>		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
	DUE TO (b) <b>fractured hip and embolus in splenic vein</b> DUE TO (c) <b>too fat</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	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) <b>none</b>	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 **8/20**, 19**50**, to **Oct 16**, 19**50**, that I last saw the deceased alive on **Oct 8**, 19**50**, and that death occurred at **9 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. E. White MD</b> (Degree or title)	23b. ADDRESS <b>Naylor Rd</b>	23c. DATE SIGNED <b>Oct 21 1950</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-18-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>DONIPHAN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>DONIPHAN MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>11-3-50</b>	REGISTRAR'S SIGNATURE <b>E. B. Johnston</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. H. Edwards</b> ADDRESS <b>Doniphan Missouri</b>
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RECEIVED

NOV 13 1950

DISTRICT HEALTH OFFICE

File No.

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.....

10-16-50

working under my personal supervision.

Student Embalmer No.....

Signed Lee P. Leuchel

Signed.....  
Student Embalmer

Licensed Embalmer No. 3475

P. O. Address Langdon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.