

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41759

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>	
c. LENGTH OF STAY (in this place) <b>50 Years</b>		d. STREET ADDRESS (If rural, give location) <b>North Seventh Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>North Seventh Street</b>		d. STREET ADDRESS (If rural, give location) <b>North Seventh Street</b>	
3. NAME OF DECEASED a. (First) <b>WILLIAM</b> b. (Middle) _____ c. (Last) <b>CROWDER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 27, 1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3-15-1891</b>
9. AGE (In years last birthday) <b>59</b>		10. MONTHS <b>9</b>	11. DAYS <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>	11. BIRTHPLACE (State or foreign country) <b>St. Charles, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13a. FATHER'S NAME <b>Joe Crowder</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mandy Crowder</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Jim Crowder, Louisiana, Missouri</b>
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-Vascular renal hypertensive disease</b> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>442X</b>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>2-4 yrs</b>	
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 <b>June 5, 1950, to Dec. 27, 1950</b> , that I last saw the deceased alive on <b>Dec 25, 1950</b> , and that death occurred at <b>4 A.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Robert B. Pearson, D.O.</b>		23b. ADDRESS <b>Louisiana Mo.</b>	23c. DATE SIGNED <b>Dec. 28, 1950</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/29/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Louisiana, Missouri</b>
DATE REC'D BY LOCAL REG. <b>Dec 28, 1950</b>	REGISTRAR'S SIGNATURE <b>Berniece Collier</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sterne Funeral Home, Louisiana, Mo.</b>	

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

Date Received: JAN 5 1951  
DISTRICT HEALTH OFFICE #  
District File Number 1-51-  
Date Filed: JAN 10 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Virginia M. Sterne*

Licensed Embalmer No. *4645*

P. O. Address *Louisiana, 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.