

FILED JUN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

19457

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 654

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Buchanan</p>	
b. CITY OR TOWN <p style="text-align: center;">St. Joseph</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">42 years</p>		c. CITY OR TOWN <p style="text-align: center;">St. Joseph</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">2713 Duncan St.</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">2713 Duncan St.</p>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">Marie</p>	b. (Middle) <p style="text-align: center;">J.</p>	c. (Last) <p style="text-align: center;">Crowe</p>	(Month) <p style="text-align: center;">June</p>	(Day) <p style="text-align: center;">16</p>	(Year) <p style="text-align: center;">1951</p>

5. SEX <p style="text-align: center;">female</p>	6. COLOR OR RACE <p style="text-align: center;">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">married</p>	8. DATE OF BIRTH <p style="text-align: center;">August 11, 1876</p>	9. AGE (In years last birthday) <p style="text-align: center;">74</p>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">housewife</p>	10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">home</p>	11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Clarinda, Iowa</p>	12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>
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13a. FATHER'S NAME <p style="text-align: center;">James F. Dyke</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Anna Williams</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">John Crowe</p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <p style="text-align: center;">NO</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mr. John Crowe, 2713 Duncan, St. Joseph, Mo.</p>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">7 hours</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage Cerebral</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension Arterial</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">331X</p>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 6-16-51, 1951, to 6-16-51, 1951, that I last saw the deceased alive on 6-16-51, 1951, and that death occurred at 4:55A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p style="text-align: center;">R. L. Senne</p>	23b. ADDRESS <p style="text-align: center;">2022 P. O. Bldg. St. Joseph, Mo.</p>	23c. DATE SIGNED <p style="text-align: center;">6-16-51</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">burial</p>	24b. DATE <p style="text-align: center;">6/18/1951</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Memorial Park</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">St. Joseph Missouri</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">June 21, 1951</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">Carl C. Cust</p>	FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">H. H. Keaton</p>	ADDRESS <p style="text-align: center;">Beaman Funeral Home, St. Joseph, Mo.</p>
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(Licensed Embalmer's Statement on Reverse Side)

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

No license

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 *William P. Davis*

Licensed Embalmer No. *4535*

P. O. Address *3195 10th St. Joseph, 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.