S. No. 300
v. 10.48

FILED JUL 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22903

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 35

470

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

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Iron
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 mi. S.W. of Bismarck

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Iron 0470
d. STREET ADDRESS (If rural, give location): 4 mi. S.W. of Bismarck

3. NAME OF DECEASED (Type or Print)
a. (First): SYNTHIA b. (Middle): ELIZABETH c. (Last): CROWDER

4. DATE OF DEATH (Month) (Day) (Year): July 8 1951

5. SEX: fem
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 26 1871
9. AGE (In years last birthday): 79 IF UNDER 1 YEAR Months 11 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Reynolds Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: William D. Stricklin
13b. MOTHER'S MAIDEN NAME: Tilitha Davis
14. NAME OF HUSBAND OR WIFE: John H. Crowder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: John H. Crowder, Bismarck 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Amebic Dysentery. Abt 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General Anemia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 0460
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1 *19*49, *to* July 8, *19*51, *that I last saw the deceased alive on* July 6, *19*51, *and that death occurred at* 6:40 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: F. H. Gale Mo. (Degree or title) 0
23b. ADDRESS: Bismarck Mo
23c. DATE SIGNED: July 9-1951

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0
24b. DATE: 7-10-51
24c. NAME OF CEMETERY OR CREMATORY: Stricklin Cem.
24d. LOCATION (City, town, or county) (State): Black Missouri

DATE REC'D BY LOCAL REG.: July 12-1951
REGISTRAR'S SIGNATURE: Mrs Elizabeth Logan 129
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: White Funeral Home, Bismarck Mo. Arnold G. White

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUL 16 1951

DISTRICT HEALTH OFFICE No. 6

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Trenton 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.