No. 300
10-48

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

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38100

State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 361

64 U 0

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
c. LENGTH OF STAY (In this place): 5 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ELIZABETH HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SHELBY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HUNNEWELL 1020
d. STREET ADDRESS (If rural, give location): TOWN LIMITS

3. NAME OF DECEASED (Type or Print): a. (First) HIRAM b. (Middle) EDWARD c. (Last) CROW

4. DATE OF DEATH (Month) (Day) (Year): 11-14-1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 9/28/1881
9. AGE (In years last birthday): 70 — If under 1 year: Months 1, Days 16 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: SAW MILL
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: JAMES T. CROW
13b. MOTHER'S MAIDEN NAME: MARTHA J. TOWNES
14. NAME OF HUSBAND OR WIFE: IDA MAY CROW

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: Mrs Ida May Crow — ADDRESS: Hunnewell 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): Gun-Shot in Forehead, self inflicted. — INTERVAL BETWEEN ONSET AND DEATH: 7 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): E976X

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
20. AUTOPSY? YES ☐ NO ☐

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): 22 rifle.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hunnewell.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hunnewell Shelby Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 14 1951 8 p. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Shot himself.

22. *I hereby certify that I attended the deceased from* Nov. 14, 1951, *to* Nov. 14, 1951, *that I last saw the deceased alive on* Nov. 14, 1951, *and that death occurred at* 9:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Caldwell (Degree or title): DO
23b. ADDRESS: Shelbina Mo
23c. DATE SIGNED: Nov. 16/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11/16/1951
24c. NAME OF CEMETERY OR CREMATORY: DEER CREEK CEM.
24d. LOCATION (City, town, or county) (State): NEAR NORTH FORK MO

DATE REC'D BY LOCAL REG.: 11-20-51
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. C. Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: G. VAN FUNERAL HOME — ADDRESS: Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 21 1951
MO. HEALTH DEPT.
DATE FILED NOV 21 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 [redacted] Student Embalmer No. [redacted] working under my personal supervision.

Student .....
Student Embalmer

Signed Harold Turner

Licensed Embalmer No. 3770

P. O. Address Monroe City M

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.