

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15965

State File No. ....

FILED JUN 9 1952 52

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5332 Registrar's No. 47

1. PLACE OF DEATH  
a. COUNTY Dade

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Dade

b. CITY OR TOWN Rural Ernest twp. c. LENGTH OF STAY (in this place) 40 years

c. CITY OR TOWN Rural Ernest twp.

d. FULL NAME OF HOSPITAL OR INSTITUTION 7 mi N.W. Greenfield on Rt #2

d. STREET ADDRESS (If rural, give location) 7 mi N.W. Greenfield on Rt #2

3. NAME OF DECEASED  
a. (First) Lawrence b. (Middle) Byron c. (Last) Crowell

4. DATE OF DEATH (Month) (Day) (Year)  
June 3 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH June 22, 1885

9. AGE (In years) (Months) (Days) (Hours) (Min.)  
66 11 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer & Mechanic

10b. KIND OF BUSINESS OR INDUSTRY  
Farm

11. BIRTHPLACE (State or foreign country)  
Nebraska

12. CITIZEN OF WHAT COUNTRY?  
U. S. A.

13a. FATHER'S NAME  
Byron Crowell

13b. MOTHER'S MAIDEN NAME  
Mary Doane

14. NAME OF HUSBAND OR WIFE  
Rosa Crowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mrs. Rosa Crowell, Rt #2 Greenfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary embolism  
ANTECEDENT CAUSES  
Arterio-Sclerosis  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
4201

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) (Min.)

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 2-10-, 1952 to 6-2-, 1952 that I last saw the deceased alive on 6-2-, 1952 and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. D. Combs MD (Degree or title)

23b. ADDRESS Lockwood, Mo.

23c. DATE SIGNED 6-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE June 8, 1952

24c. NAME OF CEMETERY OR CREMATORY Greenfield Cemetery

24d. LOCATION (City, town, or county) (State)  
Greenfield, Missouri

DATE REC'D BY LOCAL REG. 6-6-52

REGISTRAR'S SIGNATURE J. C. Canada

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
J. C. Canada, Greenfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *J. C. Canada*

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, 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.