

S.S. No. 200 (F) SEP 16 1952  
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32054

State File No. \_\_\_\_\_ Registrar's No. 142

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 31271

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
c. LENGTH OF STAY (In this place) 1wk		d. STREET ADDRESS (If rural, give location) 1424 W. Daugherty	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) Mae c. (Last) Crowl			4. DATE OF DEATH (Month) (Day) (Year) 9-12 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 11-1869
9. AGE (In years, months, days) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	
10b. KIND OF BUSINESS OR INDUSTRY Jewelry Store		11. BIRTHPLACE (City and State or Foreign Country) Sarcoux Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Augustus Smith Tilley	
13b. MOTHER'S MAIDEN NAME Lucinda Sagerser		14. NAME OF HUSBAND OR WIFE N.G. Crowl	
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. _____	
17. INFORMANT'S SIGNATURE OR NAME Pauline Gorman, Port Arthur, Texas		ADDRESS _____	
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) Cerebral Hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) dating the underlying cause last.  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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 8-31, 1952, to 9-12, 1952, that I last saw the deceased alive on 9-11, 1952, and that death occurred at 6:45 a.m. from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) _____		23b. ADDRESS _____	
23c. DATE SIGNED 9/10/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/14/52	
24c. NAME OF CEMETERY OR CREMATORY Sarcoux Cemetery		24d. LOCATION (City, town, or county) (State) Sarcoux Mo.	
DATE REC'D BY LOCAL REG. 9-13-52		REGISTRAR'S SIGNATURE 4740 Mrs. Madeline Switzer	
25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Mo.	

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

0492

RECEIVED 9-15-52  
Jasper County Health Office

County File Number 52/9/723

Date Filed 9-15-52

MAR 30 1953

APR 1 1953

OCT 2 1952

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 Richard Gray Lewis

Licensed Embalmer No. 4425

P. O. Address Webb City, 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.