

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6515

State File No. 131747

FILED FEB 17 1953

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|--|--|--|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>156</u> | | PRIMARY REG. DIST. NO. <u>2022011</u> | | Registrar's No. <u>89</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Oklahoma</u> b. COUNTY <u>Ottawa</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> | | c. LENGTH OF STAY (in this place) <u>2 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> | | d. STREET ADDRESS (If rural, give location) <u>5 mi W.W. of Sereca, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Joplin General Hosp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>5 mi W.W. of Sereca, Mo.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> | | | b. (Middle) _____ | | | c. (Last) <u>Crowley</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9 1953</u> | | 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid.</u> | |
| 8. DATE OF BIRTH <u>March 27 1870</u> | | 9. AGE (In years last birthday) <u>82</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | | 11. BIRTHPLACE (State or foreign country) <u>Tennessee</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | 13a. FATHER'S NAME <u>Margaret Deeweese</u> | | | |
| 13b. MOTHER'S MAIDEN NAME <u>Rebecca Tilly</u> | | | | 14. NAME OF HUSBAND OR WIFE <u>Washington Crowley</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Winfield Crowley Sereca, Mo.</u> | | | |
| 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) <u>Myocardial deficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Mitral stenosis) Valvular lesion</u> DUE TO (c) <u>Influenza</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>481X</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>20 yrs.</u> | |
| 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 <u>July</u> , 19 <u>50</u> , to <u>Feb 9, 1953</u> that I last saw the deceased alive on <u>Feb 9, 1953</u> and that death occurred at <u>5:55 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Tom B. Roberts M.D.</u> | | | | 23b. ADDRESS <u>Sereca Mo.</u> | | 23c. DATE SIGNED <u>2/10/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2/11/53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sereca Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Sereca, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>2/10/53</u> | | REGISTRAR'S SIGNATURE <u>L. Biddlecome reg.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Biddlecome Sereca Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-16-53
Jasper County Health Office

County File Number 53/2/171
Date Filed 2-17-53

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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.