No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16933

State File No.

FILED MAY 19 1953

BIRTH NO. REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5015 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Andrew 0020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural: Lincoln
c. LENGTH OF STAY (In this place): most of life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 miles S.W. of Savannah, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Andrew 0020
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural: Lincoln
d. STREET ADDRESS (If rural, give location): 6 miles S. W. of Savannah, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): Washington
c. (Last): Crowley

4. DATE OF DEATH (Month) (Day) (Year): May 7, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: February 1, 1873
9. AGE (In years last birthday): 80 — If under 1 year: Months, Days — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (City and State or Foreign Country): Rosenburg, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas M. Crowley
13b. MOTHER'S MAIDEN NAME: Elizabeth Smith
14. NAME OF HUSBAND OR WIFE: Loro B.

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.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Loro B. Crowley, R.R.#2, St. Joseph, 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) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating 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 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) 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* June, 1953, *to* May 7, 1953, *that I last saw the deceased alive on* May 7, 1953, *and that death occurred at* 11:34p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Albert H. Meunch (Degree or title): M.D.
23b. ADDRESS: St. Joseph, Mo.
23c. DATE SIGNED: May 8, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/10/1953
24c. NAME OF CEMETERY OR CREMATORY: Savannah Cemetery
24d. LOCATION (City, town, or county) (State): Savannah, Missouri

DATE REC'D BY LOCAL REG.: 5-18-53
REGISTRAR'S SIGNATURE: Lillian Sparks
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Heaton-Bowman Funeral Home

(Licensed Embalmer's Statement on Reverse Side)

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St Joseph 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.