

FILED JUN 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

14751

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>143</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hawaii</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kirksville Mo</u>		c. LENGTH OF STAY (In this place) <u>7 days</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Charles Supp.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Taugler Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. 0481</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jaymes</u> b. (Middle) _____ c. (Last) <u>Crowley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 31 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5/21/1861</u>	9. AGE (In years last birthday) <u>93</u> IF OVER YEAR Months Days IF UNDER 12 Hrs. Min. <u>0 10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Hawaii Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Alexander Bishop</u>		
13b. MOTHER'S MAIDEN NAME <u>Cynthia Dennis</u>		14. NAME OF HUSBAND OR WIFE <u>Leonard Crowley</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, 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 <u>Mrs. Douglas L. Hubbard</u> ADDRESS <u>Shelburne 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, assthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Tobacco Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <u>490X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auricular Fibrillation</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>May 24, 1954</u> to <u>May 31, 1954</u> , that I last saw the deceased alive on <u>May 31, 1954</u> , and that death occurred at <u>7:13 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>D. T. Rhoads</u> (Degree or title) _____		23b. ADDRESS <u>20 Kirksville, Mo.</u>		23c. DATE SIGNED <u>5-31-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>5/31/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery Kirksville Mo.</u>
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u> ADDRESS <u>Jayette Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-31-54</u>		REGISTRAR'S SIGNATURE <u>Wate Sambert 1-0</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

10511

JUN 14 1954

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.

Student Embalmer No.

Signed.....

Ralph A Carr
Licensed Embalmer No. 3340

Signed.....

Student Embalmer

P. O. Address.....

Fayette Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.