

No. 300
10. 48

FILED JUN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6118 State File No. 17428

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4492 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY OR TOWN <u>Sylvania</u>		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. # 1, Ozon, Mo.</u>		STREET ADDRESS (If rural, give location) <u>R. # 1, Ozon, Mo. 1050</u>	

3. NAME OF DECEASED (Type or Print) <u>WILLIE LEE CROWDEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 11, 1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 14, 1881</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Laurens Co. Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>George Crowden</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hawkins</u>		14. NAME OF HUSBAND OR WIFE <u>Jennie Crowden</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Willie L. Crowden, R. # 3 Sibley, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</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) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Nov 2, 1954 to April 11, 1955, that I last saw the deceased alive on April 8, 1955, and that death occurred at 9 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. Saravault M.D.</u>		23b. ADDRESS <u>Delta Mo</u>		23c. DATE SIGNED <u>May 26, 55</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/13/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Advance, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>5-28-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Paul Bigler, Reg. 445</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. D. L. & S. Morgan, Sr. Advance</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED 5-31-55

SCOTT CO. HEALTH DEPT.

CO. FILE No. 113

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.....
Signature of Student Embalmer

Signed William H. Mayan

Licensed Embalmer No. 464

P. O. Address Adrian

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.