

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

43410

State File No. _____

FILED FEB 15 1956

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>5786</u>		Registrar's No. <u>16</u>		
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rt. 3 Charleston</u>		c. LENGTH OF STAY (In this place) <u>12 Year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rt. 3 Charleston</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, Rt. 3 Charleston</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. 3 Charleston</u>				
3. NAME OF DECEASED (Type or Print) <u>John</u>			a. (First) _____		b. (Middle) <u>-----</u>		c. (Last) <u>Crow</u>	
4. DATE OF DEATH <u>11/25/55</u>		(Month) _____ (Day) _____ (Year) _____		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>8/24/55</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____		
IF UNDER 1 YEAR Hours _____ Min. _____		IF UNDER 1 YEAR Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		
11. BIRTHPLACE (State or foreign country) <u>Knox County, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph Crow</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth West</u>		
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-12-1474</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Crow</u> ADDRESS <u>East Prairie, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>1 yr</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X		
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>Jan 2, 1955</u> , to <u>11-25, 1955</u> that I last saw the deceased alive on <u>11-25, 1955</u> and that death occurred at <u>11:25 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. P. Fulton DO</u> (Degree or title) _____				23b. ADDRESS <u>Wyatt, Mo</u>		23c. DATE SIGNED <u>11-25-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/27/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dexter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2/2/56</u>		REGISTRAR'S SIGNATURE <u>Jean Deames</u> <u>480</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>The Nunzio Funeral Chapel</u> ADDRESS _____		_____		
(Licensed Embalmer's Statement on Reverse Side) <u>Charleston, Mo.</u>								

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

No. 300
10. 48

06-70

06-70

RECEIVED
Miss. Co. Health Dept.
County File No. FEB 9
Date Filed FEB 9 RE

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

John T. Annolis Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, W.

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.