

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16899

State File No.

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5633 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Laclede			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Smith T.S.		c. LENGTH OF STAY (In this place) <input checked="" type="checkbox"/>	c. CITY OR TOWN Lebanon	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 66 Hazelgreen			STREET ADDRESS (If rural, give location) 610 Hook St.		
3. NAME OF DECEASED (Type or Print) a. (First) Larry		b. (Middle) Dean	c. (Last) Crow	4. DATE OF DEATH (Month) (Day) (Year) May 16, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 19, 1937	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY Educational	11. BIRTHPLACE (City and State or Foreign Country) Lebanon, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Gale Crow		13b. MOTHER'S MAIDEN NAME Edith Mc Vey		14. NAME OF HUSBAND OR WIFE None.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 479-38-7139	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edith Crow, Lebanon, 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) Crushed Skull 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.		INTERVAL BETWEEN ONSET AND DEATH 1 mm.
19a. DATE OF OPERATION None.		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 66	21c. (CITY, TOWN, OR TOWNSHIP) Smith T. S. (COUNTY) Laclede (STATE) Mo.		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY May 16, 1956 12:55A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car Accident.		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:15A on _____, from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Stanleigh B. Palmer, Jr. Coroner			23b. ADDRESS Lebanon, Mo.		23c. DATE SIGNED 5-17-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-18-56	24c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery	24d. LOCATION (City, town, or county) (State) Lebanon, Mo.		
DATE REC'D BY LOCAL REG. 5-18-1956		REGISTRAR'S SIGNATURE Hella L. Gray		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L.R. Palmer Lebanon, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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

300
48

Received 5-28-56

Laclade County Health Unit

File No. 95

Date Filed 5-28-56

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 Stanley R. Palmer

Licensed Embalmer No. 48

P. O. Address Lebono

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.