

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 28 1956

State File No. 17001

| | | | | | | | | | |
|---|--|---|---|---|--|--|--|----------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 184 | | PRIMARY REG. DIST. NO. 5692 | | Registrar's No. 126 | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jenn</u> 0580 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0580</u> c. LENGTH OF STAY (in this place) <u>5 mo</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Jenn</u> 0580 c. CITY OR TOWN _____ d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>1 1/2 miles So of Meadville</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Larry</u> b. (Middle) <u>Lee</u> c. (Last) <u>Crownover</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 20, 1956</u> | | | | | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u> | | 8. DATE OF BIRTH <u>Aug 12, 1951</u> | | | |
| 9. AGE (in years last birthday) <u>4</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Jessieville, Ark.</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? _____ | | 13a. FATHER'S NAME <u>Bob Crownover</u> | | 13b. MOTHER'S MAIDEN NAME <u>Opal Powell</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 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 <u>Robert Crownover</u> ADDRESS <u>Meadville, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>drowning</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. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>42</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>058</u> | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | | | |
| 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 _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Jamie B. McCallister</u> | | | | 23b. ADDRESS <u>Corona Brookfield, Mo</u> | | 23c. DATE SIGNED <u>5/20/56</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. DATE <u>5/21/56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>White Vally</u> | | 24d. LOCATION (City, town, or county) (State) <u>White Vally, Ark.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>5-23-56</u> | | REGISTRAR'S SIGNATURE <u>Katharine Johnson</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Harriet E. McLean</u> | | ADDRESS <u>Meadville, Mo.</u> | | | |

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

11 West Lane Home, Wash.

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 *Wm. E. Williams*.....

Licensed Embalmer No. *395*.....

P. O. Address *Meridale*.....

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.