FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1947

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5695 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chula-Rural-Cream Ridge
c. LENGTH OF STAY (In this place) Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1½ Mi So Chula.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chula-Rural-Cream Ridge
d. STREET ADDRESS (If rural, give location) 1½ Mi So Chula.

3. NAME OF DECEASED (Type or Print)
a. (First) James b. (Middle) Knox Polk c. (Last) Crowe

4. DATE OF DEATH (Month) January (Day) 7 (Year) 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH September 2 1879

9. AGE (In years last birthday) 77 IF UNDER 1 YEAR: Months 4 Days 5 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm.

11. BIRTHPLACE (State or foreign country) Livingston Co Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jacob Marion Crowe

13b. MOTHER'S MAIDEN NAME Frances Steen

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Orville C Crowe ADDRESS Chula Mo

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* None, 19____ *to* _____, 19____, *that I last saw the deceased alive on* Jan 7, 1956, *and that death occurred at* 1230 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph A. Conrad (Degree or title) M.D. (Coroner) **23b. ADDRESS** Chillicothe, Mo **23c. DATE SIGNED** Jan 7-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan 9 1957

24c. NAME OF CEMETERY OR CREMATORY Plainview Cemetery

24d. LOCATION (City, town, or county) (State) Chula Mo.

DATE REC'D BY LOCAL REG. 1-7-56

REGISTRAR'S SIGNATURE Frances B Neill

25. FUNERAL DIRECTOR'S SIGNATURE E. J. Robertson Funeral Home **ADDRESS** Chula

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

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 J M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo Mo

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

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