

FILED APR 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

118883

STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. 4536 Registrar's No. 29

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Washington</u> <u>1106</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Potosi</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Potosi</u> <u>1106</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>203 E. Jefferson</u> <u>8 Yrs.</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>203 E. Jefferson</u>		
3. NAME OF DECEASED (Type or print) <u>Emma ^{First} Felicia ^{Middle} Crowder ^{Last}</u>				4. DATE OF DEATH <u>April 6 1957</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 9 1871</u>		9. AGE (In years last birthday) <u>86</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and state or country) <u>Franklin Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Hiram Whiteside</u>				14. MOTHER'S MAIDEN NAME <u>Bertha Bryant</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>Carl Sparker Potosi Mo.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia following</u> DUE TO (b) <u>Injury Auto-wreck with</u> DUE TO (c) <u>fracture ribs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH <u>46 hrs later</u>	
20a. ACCIDENT <input checked="" type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Auto Injury near De Soto Mo.</u>					
20c. TIME OF INJURY Hour <u>-</u> Month <u>-</u> Day <u>-</u> Year <u>-</u> a. m. <u>-</u> p. m. <u>-</u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>Riding ambulance near De Soto Mo Jefferson Mo</u>					
20e. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg, etc.) <u>Jefferson</u>		20f. CITY, TOWN, OR LOCATION <u>Potosi</u>		COUNTY <u>Washington</u>		STATE <u>Mo.</u>		
21. I attended the deceased from <u>3-3-57</u> to <u>3-6-57</u> and last saw <u>her</u> alive on <u>3-5-57</u> Death occurred at <u>7-16 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Name of City) <u>G. S. Crewell</u>				22b. ADDRESS <u>Potosi Mo.</u>		22c. DATE SIGNED <u>4/8/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-8-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Potosi Masonic Cem. Potosi Mo.</u>		23d. LOCATION (City, town, or county) <u>Potosi Mo.</u>		STATE <u>Mo.</u>		
24. FUNERAL DIRECTOR <u>Mrs. Luther Sparker Potosi Mo.</u>			ADDRESS <u>-</u>		25. DATE RECD. BY LOCAL REG. <u>4/9/57</u>		26. REGISTRAR'S SIGNATURE <u>H. C. ...</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

APR 9 1957

WASH. COUNTY HEALTH DEPT.

File No. _____

APR 18 1957

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 *Murphy L Sparks*

Licensed Embalmer No. *433*

P. O. Address *Flat River*

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.