S. No. 300
V. 10.48

FILED MAY 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 018105
State File No.

BIRTH NO. _____ REG. DIST. NO. 27V PRIMARY REG. DIST. NO. 59/2 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Steele RA.
c. LENGTH OF STAY (In this place) 61 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Steele
d. STREET ADDRESS (If rural, give location) 0180

3. NAME OF DECEASED (Type or Print)
a. (First) Dona b. (Middle) Bell c. (Last) Crowens

4. DATE OF DEATH (Month) (Day) (Year) 5-1-57

5. SEX F

6. COLOR OR RACE White

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

8. DATE OF BIRTH 1-4-1869

9. AGE (In years last birthday) 88 If under 1 year: Months 3 Days 27 If under 1 hr.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Harden Co. Tenn

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Griggs

13b. MOTHER'S MAIDEN NAME Mary Rice

14. NAME OF HUSBAND OR WIFE A.A. Crowens

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.

17. INFORMANT'S SIGNATURE OR NAME A.A. Crowens ADDRESS Steele 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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 12 Hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardio-Vascular Renal Disease — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 442X

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* 4/24, 1957, *to* 5/1, 1957, *that I last saw the deceased alive on* 5/1, 1957, *and that death occurred at* 11:55 p m., *from the causes and on the date stated above.*

23a. SIGNATURE E. L. Foyles (Degree or title) **23b. ADDRESS** 117 N. Walnut Steele, Mo **23c. DATE SIGNED** 4 May 57

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried **24b. DATE** 5-3-57 **24c. NAME OF CEMETERY OR CREMATORY** Mt Zion **24d. LOCATION** (City, town, or county) Steele (State) Mo

DATE REC'D BY LOCAL REG. 5-16-57 REGISTRAR'S SIGNATURE [illegible] **25. FUNERAL DIRECTOR'S SIGNATURE** Hemon Undt Co. **ADDRESS** Steele Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

1

249

5-115-57

[illegible] 02 1957

MAY 22 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

FEB 11 1959

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 Lis Hedgspeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, Mo

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.