

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 14 1957

State File No. **31363**
Registrar's No. **635**

BIRTH NO. _____ REG. DIST. NO. **113** PRIMARY REG. DIST. NO. **4185**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before adjustment). a. STATE Missouri b. COUNTY Franklin	
b. CITY OR TOWN St. Clair, Mo.		c. CITY OR TOWN St. Clair, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) St. Clair, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At. Home			

3. NAME OF DECEASED (Type or Print)	a. (First) CLARISSA	b. (Middle) ANN	c. (Last) CROW	4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 1957
-------------------------------------	----------------------------	------------------------	-----------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 16, 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 4	IF UNDER 11 HRS. Days 11	Hours 	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY House Wife	11. BIRTHPLACE (City and State or Foreign Country) Franklin County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.				

13a. FATHER'S NAME Henry Jennings	13b. MOTHER'S MAIDEN NAME Martha Capehart	14. NAME OF HUSBAND OR WIFE Samuel Crow
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Carl Crow	ADDRESS St. Clair, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ischemic Cardiac		INTERVAL BETWEEN ONSET AND DEATH 10 1/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) vascular dis-		
	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	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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) 4221
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **9/15, 1953**, to **10/5, 1957**, that I last saw the deceased alive on **9/20, 1957**, and that death occurred at **8:01 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS Union MO	23c. DATE SIGNED 10/9/57
---	------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 8, 1957	24c. NAME OF CEMETERY OR CREMATORY Prospect Cemetery	24d. LOCATION (City, town, or county) (State) St. Clair, Mo.
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. 10/7/57	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS St. Clair, Mo.
---	--	---	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

511

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 *Sherwood W. Mitchell*

Licensed Embalmer No. *387*

P. O. Address *St. Clair*

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.