

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024949

STATE FILE NUMBER

FILED JUL 29 1958 Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CLINTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAMERON		c. CITY OR TOWN CAMERON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS (If outside, give location) 407 W. 6th	
3. NAME OF DECEASED (Type or print) First ROY Middle MARVIN Last CROWLEY		4. DATE OF DEATH Month July Day 11 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH JULY 6, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) COUNCIL GROVE, Kans.
13. FATHER'S NAME JOHN CROWLEY		14. MOTHER'S MAIDEN NAME SARA E. BROWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-40-2043A	17. INFORMANT Mrs. Gertrude Crowley Cameron
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot Wound - Roof of Mouth			INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) " " " " " " DUE TO (c) " " " " " "			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 976X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Self inflicted wound with 0.22 rifle.		
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION CAMERON	COUNTY Clinton
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 12:15 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ed Warren, D.O. Coroner 3		22b. ADDRESS Lathrop, Mo.	22c. DATE SIGNED 7-11-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7-13-58	23c. NAME OF CEMETERY OR CREMATORY LATHROP CEMETERY	23d. LOCATION (City, town, or county) (State) LATHROP MO.
24. FUNERAL DIRECTOR DeWoss CARRK CAMERON MO		25. DATE RECD. BY LOCAL REG. 7-15-58	26. REGISTRAR'S SIGNATURE Francis D Crawford

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service 251 300 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

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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 *James C. [Signature]*

Licensed Embalmer No. 257

P. O. Address *Cambridge*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.