

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000935

STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 119

300
-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lebanon 6530 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's		Length of stay in lb 4 Days	d. STREET ADDRESS (If outside, give location) Brice Rt. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JAMES Middle MARTIN Last CROWDER			4. DATE OF DEATH Month Feb. Day 1, Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 20, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	9. AGE (In years and months) 79 IF UNDER 1 YEAR: Months 7 Days 9 IF UNDER 24 HRS.: Hours 0 Min. 0
11a. BIRTHPLACE (City and state or country) Boston, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Crowder		13b. MOTHER'S MAIDEN NAME Elizabeth Phillips	14. NAME OF HUSBAND OR WIFE Rosa Crowder
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, [unknown]) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None.	17. INFORMANT Address Mrs. Rosa Crowder, Lebanon, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Benign Hypertrophy of prostate Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Parkinsons Disease DUE TO (c) _____ 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 3-4 yrs 3-4 yrs
20a. ACCIDENT <input 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.) 610X	
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 COUNTY STATE
21. I attended the deceased from 1-29-59 to 2-1-59 and last saw her alive on 2-1-59 Death occurred at 9:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deduce or title) William F. Johnson, M.D.		22b. ADDRESS 211 Professional Bldg. Springfield, Missouri	22c. DATE SIGNED 2.2.59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/4/59	23c. NAME OF CEMETERY OR CREMATORY Flatwood Cemetery	23d. LOCATION (City, town, or county) (State) Laclede County Missouri
24. FUNERAL DIRECTOR ADDRESS S. R. Palmer Jr. Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 2-5-59	26. REGISTRAR'S SIGNATURE Effie G. Melton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

2021.11.10

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 *L. Robin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield*

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.