Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001075

STATE FILE NUMBER

FILED FEB 3 1959

Registration District No. 132 Primary Registration District No. Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Dunlap. Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) R.F.D. 2. Trenton Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Grundy
c. CITY OR TOWN Dunlap 040c Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) R.F.D. Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: Harold Middle: Herschel Last: Crow

4. DATE OF DEATH Month: Jan Day: 20 Year: 1959

5. SEX Male 6. COLOR OR RACE White 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Jan 10, 1899

9. AGE (In years last birthday) 60 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (City and state or country) Born at Goodrich, Kan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J.H. Crow

13b. MOTHER'S MAIDEN NAME Nellie Crabtree

14. NAME OF HUSBAND OR WIFE Clara Crow.

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. 539-32-1741

17. INFORMANT Lloyd Crow Address Trenton, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Thrombosis. INTERVAL BETWEEN ONSET AND DEATH 1 hour
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 (a) 4281

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Jan 24th 1959 to Jan 20th 1959 and last saw her/him alive on Jan 20th 1959
Death occurred at 6:10 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Oliver F. Puffy (Degree or title) MD 22b. ADDRESS Trenton Mo 22c. DATE SIGNED Jan 22d 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-24-59 23c. NAME OF CEMETERY OR CREMATORY Grundy Center 23d. LOCATION (City, town, or county) Grundy Co (State) Mo

24. FUNERAL DIRECTOR Gordon Blackmon ADDRESS Trenton, Mo

25. DATE RECD. BY LOCAL REG. 1-23-59

26. REGISTRAR'S SIGNATURE Irene Farr

(Licensed Embalmer's Statement on Reverse Side)

Dr. Oliver Puffy.

VS JAN 27 1960

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 ....Gordon Blackmer....

Licensed Embalmer No. 4602

P. O. Address ....Trenton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.