

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013737
STATE FILE NUMBER

FILED APR 16 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 184

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Kasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Okl.</u> b. COUNTY <u>Ottawa</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Commerce</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Preman Hosp.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>8350 & 300 S. Maple</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Willis Warden Crow</u>			4. DATE OF DEATH Month Day Year <u>3. 23. 1959</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 23, 1879</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Cafe Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cafe</u>	11. BIRTHPLACE (City and state or country) <u>Wheeling West Va.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>George S. Crow</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane M. Gary</u>
14. NAME OF HUSBAND OR WIFE <u>Sarah Crow</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>
17. INFORMANT <u>Sarah Crow</u>		Address <u>Commerce, Okla.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
DUE TO (b) <u>arteriosclerosis</u>			<u>Senescent</u>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus, Azoemia, Prostatic hypertrophy, bilateral Pyelonephritis</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <u>332x</u>		
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 <u>2-21-59</u> to <u>3-23-59</u> and last saw her/him alive on <u>3-23-59</u> Death occurred at <u>6:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Med. Arts Bldg. Joplin Mo</u>	22c. DATE SIGNED <u>3-27-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>3-26-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sterling Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Joplin, Mo</u>
24. FUNERAL DIRECTOR <u>Jim Thomas, Commerce</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4-7-1959</u>	26. REGISTRAR'S SIGNATURE <u>Dore Merriam</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Arbert Sidwell, Student Embalmer No. ~~438~~ working under my personal supervision.

Student
Signature of Student Embalmer

Signed Arbert Sidwell

Licensed Embalmer No. 738

P. O. Address Commerce, 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.