

DIVISION OF HEALTH - MISSOURI - CERTIFICATE OF DEATH

FILED VS JUL 20 1959

59-024638

Registration District No. 701 Primary Registration District No. _____ Registrar's No. 42

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Douglas</u> b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Arno</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Douglas</u> c. CITY OR TOWN <u>Arno</u> <u>Rt. 1</u> d. STREET ADDRESS _____ (If outside, give location)											
3. NAME OF DECEASED First <u>Elva</u> Middle <u>Opal</u> Last <u>Crow</u> (Type or print)				4. DATE OF DEATH Month <u>7</u> Day <u>14</u> Year <u>1959</u>											
5. SEX <u>Female</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>3/3/1913</u>		9. AGE (last birthday) <u>46</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>				11. BIRTHPLACE (City and state or country) <u>Keltner, Mo.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Arthur Newberry</u>				13b. MOTHER'S MAIDEN NAME <u>Rose Nelson</u>				14. NAME OF HUSBAND OR WIFE <u>James 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>Zenovia Caudill</u>				Address <u>Rt. 1, Ava, Mo.</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>Acute Central apoplexy</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: _____ DUE TO (b) _____ DUE TO (c) _____												INTERVAL BETWEEN ONSET AND DEATH <u>met</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Ca of uterus</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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.)											
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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 _____, to _____, and last saw her/him alive on <u>7-14-59</u> Death occurred at <u>7-14-59 10:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>M. C. Denting</u> (Degree or title) <u>M.D.</u>						22b. ADDRESS <u>Ava, Missouri</u>						22c. DATE SIGNED <u>7-16-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-18-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Arno Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Arno, Missouri</u>							
24. FUNERAL DIRECTOR <u>Clinkingbeard Funeral Home Ava, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>July 17-59</u>				26. REGISTRAR'S SIGNATURE <u>Ueatal Bushman</u>							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lytle G. Glinking

Licensed Embalmer No. 4830

P. O. Address Ava, 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.