

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035393

FILED VS. OCT 21 1959

Registration District No. 44 Primary Registration District No. 4060 Registrar's No. 23

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>CALDWELL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> ; b. COUNTY <u>CALDWELL</u>															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BRECKENRIDGE</u>		Length of stay in 1b <u>1 1/2 YEARS</u>		c. CITY OR TOWN <u>BRECKENRIDGE</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>RESIDENCE, BRECKENRIDGE</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>BRECKENRIDGE</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First <u>JESSE</u> Middle <u>CARL</u> Last <u>CROWDER</u>				4. DATE OF DEATH Month <u>OCT</u> Day <u>17</u> Year <u>1959</u>															
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>CAUC</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11/18/83</u>		9. AGE (last birthday) <u>76 YEARS</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BLACKSMITH</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>BLACKSMITH</u>		11. BIRTHPLACE (City and state or country) <u>HARRISON ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>											
13a. FATHER'S NAME <u>JOHN W. CROWDER</u>				13b. MOTHER'S MAIDEN NAME <u>MARY WHITE</u>				14. NAME OF HUSBAND OR WIFE <u>EDNA MAE CROWDER</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.		17. INFORMANT Name <u>TAKA CROWDER</u> Address <u>BRECKENRIDGE, 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>Medullary fracture</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral thrombosis</u> DUE TO (c) <u>Cerebral arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 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										INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2</u> <u>min</u> <u>year</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.)															
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 <u>Aug 24</u> to <u>Aug 27</u> and last saw ^{her} him alive on <u>Oct 13, 1959</u> Death occurred at <u>5:10</u> ^{PM} on the date stated above, and to the best of my knowledge, from the causes stated.										22a. SIGNATURE <u>J. Woolbright, DO</u> (Degree or title)		22b. ADDRESS <u>Breckenridge, MO</u>		22c. DATE SIGNED <u>OCT. 17</u> (State)					
23a. BURIAL, REMOVAL, REMOVAL (Specify)		23b. DATE <u>OCT. 17, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>OZARK CEMETERY</u>		23d. LOCATION (City, town, or county) <u>PEA RIDGE ARKANSAS</u> (State)													
24. FUNERAL DIRECTOR <u>MEM-PITS FUNERAL SERVICE</u> ADDRESS <u>BRECKENRIDGE, MO</u>				25. DATE RECD. BY LOCAL REG. <u>OCT. 17, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Ruth Anne Ziegler</u>													

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

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 John W. Pitts

Licensed Embalmer No. 5074

P. O. Address BRECKENRIDGE

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.