

**FEDERAL BUREAU OF INVESTIGATION  
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

'59 0 44 0 1 7

FILED VS. DEC 28 1959 137

Primary Registration District No. 3023 Registrar's No. 314

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <i>Henry</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <i>Missouri</i> b. COUNTY <i>Henry</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Clenton</i>		Length of stay in 1b <i>2 days</i>		c. CITY OR TOWN <i>Clenton</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR HOME <i>Wetzel Hospital</i>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <i>1002 S Tower</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>STELLA FRANCES KREWSON</i>				4. DATE OF DEATH Month Day Year <i>Dec 22 1959</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>4-17-1885</i>	9. AGE (last birthday) <i>74</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>4</i>	IF UNDER 24 HR Hours <i>-</i> Min. <i>-</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (City and state or country) <i>Unionville MS</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Teyle Howard</i>		13b. MOTHER'S MAIDEN NAME <i>Stella F Howard</i>		14. NAME OF HUSBAND OR WIFE <i>S.E. Krewson</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT Address <i>J.R. Krewson Clenton MS.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Edema</i>						INTERVAL BETWEEN ONSET AND DEATH <i>HRS</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Vascular collapse</i>						<i>HRS</i>	
DUE TO (c) <i>Cerebro vascular thrombosis</i>						<i>DAYS</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus</i>						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 Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <i>Dec 1</i> to <i>Dec 22</i> and last saw her <i>him</i> alive on <i>12-22-59</i> Death occurred at <i>10 AM</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Arturo Gonzalez DO</i>				22b. ADDRESS <i>717 E. Jefferson, Clenton</i>		22c. DATE SIGNED <i>12-26-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>12/24/59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Englewood</i>		23d. LOCATION (City, town, or county) (State) <i>Clenton MS</i>	
24. FUNERAL DIRECTOR <i>Scheberg Funeral Home</i> <i>Clenton MS</i>				25. DATE RECD. BY LOCAL REG. <i>Dec 26, 1959</i>		26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>	

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed F. L. Shepherd

Licensed Embalmer No. 4513

P. O. Address Clinton

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.