URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009465

FILED VS MAR 10 1960

Registration District No. 325 Primary Registration District No. 4480 Registrar's No. ~~4480~~ STATE FILE NUMBER 6

NDED

1. PLACE OF DEATH
a. COUNTY ~~Adair~~ Schuyler Greentop
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Greentop — Length of stay in 1b I yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Haven of Rest Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Scotland
c. CITY OR TOWN Memphis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Effie Middle Last Crowder

4. DATE OF DEATH Month Feb. Day 18 Year 1960

5. SEX female
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 10-15-1876
9. AGE (last birthday) 83 — 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) house keeping
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Menard Co. Ill.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jasper Thomas
13b. MOTHER'S MAIDEN NAME Emily Jane Naylor
14. NAME OF HUSBAND OR WIFE Elzae Crowder

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. none
17. INFORMANT Mrs. Leah Biggs Address Memphis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Medullary failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) encephalomalacia
DUE TO (c) repeated Cerebral thrombosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 Sept 9, 1959 to Feb 18, 1960 and last saw her ~~him~~ alive on Feb 18, 1960
Death occurred at 3:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank Brust Od
22b. ADDRESS P O Box 235 Greentop Mo
22c. DATE SIGNED 2-19-60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 2-20-1960
23c. NAME OF CEMETERY OR CREMATORY Memphis
23d. LOCATION (City, town, or county) (State) Memphis, Mo.

24. FUNERAL DIRECTOR [signature] ADDRESS Memphis, Mo.
25. DATE RECD. BY LOCAL REG. 2-20-60
26. REGISTRAR'S SIGNATURE Mrs. A. J. Drake

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.