

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012232

FILED VS MAR 23 1960

Registration District No. 305 Primary Registration District No. 6047 Registrar's No. 6

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St Charles</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Foristell</b>		Length of stay in 1b <b>4 yrs</b>		c. CITY OR TOWN <b>Foristell</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)			
3. NAME OF DECEASED (Type or print) First <b>Jesse</b> Middle <b>Benjamin</b> Last <b>Crowder</b>				4. DATE OF DEATH Month <b>March</b> Day <b>9</b> Year <b>1960</b>					
5. SEX <b>male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6/26/1888</b>			
9. AGE (last birthday) <b>70</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>12</b>		IF UNDER 24 HR Hours <b></b> Min. <b></b>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (City and state or country) <b>Salem, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>James Crowder</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Potts</b>			14. NAME OF HUSBAND OR WIFE <b>Pearl Crowder</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>490-01-0814</b>		17. INFORMANT Address <b>Pearl Crowder, Foristell, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b>							INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary insufficiency</b>							<b>5 yrs.</b>		
DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Atherosclerosis 10 yrs.</b>						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 <b>June 26, 1957</b> to <b>March 9, 1960</b> and last saw <sup>him</sup> alive on <b>March 2, 1960</b> Death occurred at <b>8:30</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>J.P. Beckmeyer</i> (Degree or title)				22b. ADDRESS <b>Wright City, Mo.</b>				22c. DATE SIGNED <b>3/11/60</b>	
23a. BURIAL OR INTERMENT, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3/12/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Linn Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Wentzville Mo.</b>			
24. FUNERAL DIRECTOR <b>J.J. Pitman</b>			ADDRESS <b>Wentzville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>March 18/1960</b>		26. REGISTRAR'S SIGNATURE <i>Arthur P. [Signature]</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

MAR 23 1960

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 Carlton J. Pitman

Licensed Embalmer No. 4974  
P. O. Address Wentzville

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.