

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025770

FILED VS. AUG 9 1960

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 96

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Pleasant twp.</u>		Length of stay in 1b <u>1 yr.</u>		c. CITY OR TOWN <u>Butler, Missouri</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pine Tree Rest Home</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Butler, Missouri</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Catherine (Kate) Crowell</u>				4. DATE OF DEATH Month <u>July</u> Day <u>30</u> Year <u>1960</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>9-10-1864</u>	9. AGE (last birthday) <u>95</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		11. BIRTHPLACE (City and state or country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>George Harper</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Ke dy</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Crowell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (War or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT Address <u>Bu 1100 190.</u> <u>Records- Pine Tree Rest Home</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>hypostatic congestion of lungs</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>recumbent position, prolonged</u>						<u>30 days</u>		
DUE TO (c) <u>fractured femur</u>						<u>30 days</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Advanced age and exhaustion</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 checked="" 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>June 30, 1960</u> to <u>July 29 '60</u> and last saw her <sup>her</sup> alive on <u>July 29, 1960</u> Death occurred at <u>7 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>L. D. Laffue, M.D.</u>				22b. ADDRESS <u>Butler, Missouri</u>		22c. DATE SIGNED <u>7/30/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-2-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>				
24. FUNERAL DIRECTOR ADDRESS <u>Culver-Unde wood Butler, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Aug 1-1960</u>		26. REGISTRAR'S SIGNATURE <u>Kendall T. ...</u>		

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

*John E. Underwood*

Licensed Embalmer No. 358

P. O. Address Butler

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