

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038992

FILED VS NOV 1 1960

Registration District No. 206 Primary Registration District No. 5752 Registrar's No. 18

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Madison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Coldwater		Length of stay in 1b	c. CITY OR TOWN Coldwater Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 67		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Highway 67 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Margaret Magalene Crowe			4. DATE OF DEATH Month Day Year Oct. 22, 1960		
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/3/28	9. AGE (last birthday) 32	IF UNDER 1 YEAR Months 6 Days 19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Czechoslovakia	12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME Louis Chervenko	13b. MOTHER'S MAIDEN NAME Margaret Rumon	14. NAME OF HUSBAND OR WIFE John F. Crowe	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY-NO. Unkown	17. INFORMANT John F. Crowe	Address Coldwater, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERNAL INJURIES		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (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)		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) CAR ACCIDENT
20c. TIME OF INJURY 1:45 p.m.	Month, Day, Year 10-22-60	

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.) Highway 67	20f. CITY, TOWN, OR LOCATION Coldwater	COUNTY Madison	STATE MO
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 1:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Ray Wilson Coroner		(Degree or title)	22b. ADDRESS Fredericktown Mo	22c. DATE SIGNED 10-27-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/25/60	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) Fredericktown, Mo.
24. FUNERAL DIRECTOR NAJIM FUNERAL HC		ADDRESS 909 West Main Street	25. DATE RECD. BY LOCAL REG. 10-28-1960	26. REGISTRAR'S SIGNATURE Lawrence Hicker

FREDERICKTOWN, MO

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 9 1960

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 _____

Kenneth Liley

Licensed Embalmer No. 5080

P. O. Address Fredonia

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.