

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005958

STATE FILE NUMBER

AMENDED

Registration District No. 227 Primary Registration District No. 5803 Registrar's No. 7

FILED VS MAR 6 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDIAN CREEK TOWNSHIP		Length of stay in 1b 34 Yrs	c. CITY OR TOWN MONROE CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MONROE CITY R.1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE 1
3. NAME OF DECEASED (Type or print) First Middle Last MARY LILLIAN CROWLEY			4. DATE OF DEATH Month Day Year MARCH 1, 1961
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-12-1924
9. AGE (last birthday) 34		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) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MONROE COUNTY, MO
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME ROY CROWLEY	
13b. MOTHER'S MAIDEN NAME MARY GLESSIE HAYS		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Paul Crowley Address Monroe City, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHRONIC MYOCARDITIS			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) MENINGITIS (INFANCY)			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 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 s.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 MAY 1946 to MAR 1-1961 and last saw her ^{her} _{him} alive on FEB 28-1961 . Death occurred at 1:50 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harold F. Ellis, D.O.		22b. ADDRESS Monroe City - Mo.	22c. DATE SIGNED Mar. 2-'61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-2-61	23c. NAME OF CEMETERY OR CREMATORY St STEPHENS CEMETERY	23d. LOCATION (City, town, or county) (State) MONROE CITY, R, 1
24. FUNERAL DIRECTOR Wilson Sons ADDRESS Monroe City, Mo		25. DATE RECD. BY LOCAL REG. 3-2-61	26. REGISTRAR'S SIGNATURE J. D. Barnett M.D.

MAR 14 1961

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 me _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frederic L. Nelson _____

Licensed Embalmer No. 314 _____

P. O. Address Memphis, Tenn. _____

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.