MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-010653
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

Registration District No. 137 Primary Registration District No. 37 Registrar's No. 76

FILED MAR 19 1962

VS 300
Rev. 4/59

1 0420
2 0420
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4 0
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9 260X
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12 90-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Leesville Twp.
Length of stay in 1b 75 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RH2 Clinton
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Henry
c. CITY OR TOWN Clinton
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RH2
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ISAAC Middle Vincent Last CROWDER

4. DATE OF DEATH Month MAR. Day 13, Year 1962

5. SEX MALE
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-10-1880
9. AGE (last birthday) 82
IF UNDER 1 YEAR Months 2 Days 3
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) MORGAN Co. MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN MORGAN CROWDER
13b. MOTHER'S MAIDEN NAME ELIZABETH JOHNSON
14. NAME OF HUSBAND OR WIFE LEONA CROWDER

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. 497-14-0573
17. INFORMANT MRS. LEONA CROWDER, Address RH2, CLINTON, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arterio sclerosis — 15 yrs.
DUE TO (c) Diabetic — ??

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. ☐ 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 1957 to 1962 and last saw her him alive on Nov – 1961
Death occurred at 3:30 P.M., the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James O. Smith MD
22b. ADDRESS Clinton Mo
22c. DATE SIGNED 3-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE MAR. 15, 1962
23c. NAME OF CEMETERY OR CREMATORY PARK'S CHAPEL CEM.
23d. LOCATION (City, town, or county) (State) CLINTON. MO. RH2

24. FUNERAL DIRECTOR Kansan Funeral Home. ADDRESS Clinton Mo
25. DATE RECD. BY LOCAL REG. Mar 14, 1962
26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed W. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

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.