

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019597

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 183

FILED MAY 28 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

26-48
30648

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94201

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122-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Marion		a. STATE Mo. b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	
Length of stay in lb 20 months		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS (If outside, give location) 201 S. Maple Ave.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last FRED CROWE			4. DATE OF DEATH Month Day Year May 20, 1962
5. SEX male	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 7/18/1899
9. AGE (last birthday) 62		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) auditor		10b. KIND OF BUSINESS OR INDUSTRY Curtis-Wright Corp.	11. BIRTHPLACE (City and state or country) New London, Mo.
12. CITIZEN OF WHAT COUNTRY United States		13a. FATHER'S NAME John Thomas Crowe	
13b. MOTHER'S MAIDEN NAME Mary Alice Nett		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) yes World War I		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Mrs. Ida M. Terrill, 201 S. Maple		Address Hannibal, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH Instant.
IMMEDIATE CAUSE (a) Coronary thrombosis			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) myocardial anoxia, congestive heart disease 1 year			
DUE TO (c) gastroc ulcer			
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		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 Hannibal Marion Mo.	
21. I attended the deceased from 1961 to May 20, 1962 and last saw her alive on May 20, 1962 Death occurred at 11:40 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) J. Swathelow M.D.		22b. ADDRESS 1209 Broadway, Hannibal, Mo.	
22c. DATE SIGNED 5/21/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE May 22, 1962	
23c. NAME OF CEMETERY OR CREMATORY Barkley Cemetery		23d. LOCATION (City, town, or county) (State) New London, Mo.	
24. FUNERAL DIRECTOR Jack Selwitz Hannibal Mo.		25. DATE RECD. BY LOCAL REG. May 21, 1962	
26. REGISTRAR'S SIGNATURE Dr. E. M. Duke by William M. Herman			

name of deceased _____
address of deceased _____
city and state _____

name of embalmer _____
address of embalmer _____
city and state _____

cause of death _____
date of death _____
place of death _____

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 *John Stewart*
Licensed Embalmer No. 4900

P. O. Address Humboldt 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.

name of deceased _____
address of deceased _____
city and state _____

Permit received 5/21/62