

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045607

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 125

STATE FILE NUMBER

FILED DEC 14 1962

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Liberty Township		Length of stay in 1b 50 Yrs.	c. CITY OR TOWN Bernie (Rural-Liberty TWP)
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION residence, Bernie RRL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route One
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last GROVER CLEVELAND CREWS			4. DATE OF DEATH Month Day Year December 2 1962		
-------------------------------------------------------------------------------------------	--	--	--------------------------------------------------------------	--	--

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug. 4, 1890	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	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 Farming	11. BIRTHPLACE (City and state or country) Dunklin County, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.	
----------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------	--------------------------------------------------------------------------	------------------------------------------------	--

13a. FATHER'S NAME ----- Crews	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Willie May Crews		
------------------------------------------	---------------------------------------------	--------------------------------------------------------	--	--

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. [REDACTED]	17. INFORMANT 2818 Yale Street Carrel Crews - Flint, Michigan		
-------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	-----------------------------------------------------------------------------	--	--

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of the Liver and biliary passages Unknown				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		
-----------------------------------------------------------------------------------------------------------------------------------	--	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

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 . . . 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	
--------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	------------------------------	--------	-------	--

21. I attended the deceased from **October 15, 1962** to **Dec. 2, 1962** and last saw him alive on **Dec. 2, 1962**
Death occurred at **4:00 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. O. Kelley P.O.	(Degree or title)	22b. ADDRESS Bernie, Mo.	22c. DATE SIGNED 12-7-62	
--------------------------------------------	-------------------	------------------------------------	------------------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 4, 1962	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery Malden	23d. LOCATION (City, town, or county) (State) Missouri	
------------------------------------------------------------	----------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------	--

24. FUNERAL DIRECTOR Landess Funeral Home-Malden, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-10-62	26. REGISTRAR'S SIGNATURE Velma J. Jenkins	
-----------------------------------------------------------------	---------	-------------------------------------------------	------------------------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59
1030
21030
3
4 0
5 1
6
7 0
8 0
9 155.1
10
11
12 90-2
13 2-0

STATE OF MISSOURI

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

Donald Sloan

Licensed Embalmer No. 5127

P. O. Address Doniphan, 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.