

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 37 Primary Registration District No. 3023 Registrar's No. 142 STATE FILE NUMBER 0019396

FILED JUN 15 1965

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> | | Length of stay in 1b | c. CITY OR TOWN: <u>Deepwater</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Fairview Township</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Lia</u> Middle <u>Crowder</u> Last <u>Crowder</u> | | 4. DATE OF DEATH Month <u>June</u> Day <u>9</u> Year <u>1965</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct-15-1897</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____ |
| 13a. FATHER'S NAME <u>K.C. KERN</u> | | 11. BIRTHPLACE (City and state of country) <u>Henry Co. Mo.</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Mary Reese</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>500-14-3982</u> | |
| 17. INFORMANT <u>B.B. Crowder, Deepwater, Mo</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ben Crowder (Deceased)</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> | | | <u>2 day</u> |
| DUE TO (b) <u>Cerebrovascular hemorrhage</u> | | | <u>4 days</u> |
| DUE TO (c) <u>arterial Sclerotic hypertension heart</u> | | | <u>15 yrs.</u> |
| 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 <u>1959</u> to <u>death</u> and last saw her/him alive on <u>6-9-65</u> . Death occurred at <u>6:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Carol R. Neely, M.D.</u> | | 22b. ADDRESS <u>Clinton, Mo</u> | 22c. DATE SIGNED <u>6-10-65</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>June 11-1965</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Brownington, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Melvin L. Janssens, Deepwater, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-10-65</u> | 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u> |

100-100

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 Melvin L. Jensen

Licensed Embalmer No. 4529

P. O. Address 8140 1/2 Ave. S.W.

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.

Permit Obtained 6-10-65 (MJB)

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