

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12176  
Registrar's No. 91

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5504

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)		
a. COUNTY <u>Henry</u>			a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Big Creek township</u>		c. LENGTH OF STAY (in this place) <u>75 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Big Creek township</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi south of Petersburg</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>					

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <u>SAMUEL</u>	b. (Middle) <u>PERRY</u>	c. (Last) <u>CREWS</u>	(Month) <u>April</u>	(Day) <u>10</u>	(Year) <u>1949</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>MAY 8-1853</u>	9. AGE (In years last birthday) <u>95</u>	IF UNDER 1 YEAR: Days <u>11</u> Hours <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Boonville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Erasmus Crews</u>		13b. MOTHER'S MAIDEN NAME <u>Elvira Crosswhite</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Crews</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Crews Chilhowee Mo</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>			2 wks
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Influenza</u>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>age. 42220</u>			2 wks

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 4-1, 1949, to 4-10, 1949, that I last saw the deceased alive on 4-7, 1949, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. Walker M.D.</u>		23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>4-11-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April-12-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carroll Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Henry county Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4-12-49</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Welkerson</u>	ADDRESS <u>Clinton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 7,  
District File Number 3-49-408  
Date Filed 4-18-49

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.....

none

Student Embalmer No. none

working under my personal supervision.

none

Signed.....  
Student Embalmer

Signed Francis Lee Scheberg

Licensed Embalmer No. 4513

P. O. Address Clinton Md

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 this body is not embalmed, fact should be so stated above.