

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0015324
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 5510 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairview Twp</u>		Length of stay in 1b <u>Life</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RR # 2</u>		c. CITY OR TOWN <u>Deepwater</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		d. STREET ADDRESS (If outside, give location) <u>RR # 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Rachel</u> Middle <u>A</u> Last <u>Crowder</u>			4. DATE OF DEATH Month <u>May</u> Day <u>4</u> Year <u>1965</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 30. 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>79</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____
11a. FATHER'S NAME <u>Fred Kerns</u>		11b. MOTHER'S MAIDEN NAME <u>Mary Reece</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <u>Dan Crowder</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.	
		17. INFORMANT Address <u>Dan Crowder Deepwater, Mo RR # 2</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>			<u>sev. yrs.</u>
DUE TO (c) <u>Generalized arteriosclerosis and diabetes</u>			<u>sev. 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>1946</u> to <u>1965</u> and last saw ^{her} alive on <u>May 1, 1965</u> Death occurred at <u>11:10 p.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James O. Smith M.D.</u>		22b. ADDRESS <u>Clinton, Missouri</u>	22c. DATE SIGNED <u>5-6-65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 7. 1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Brownington Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Sickman-Dunning F H Clinton, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-6-65</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u> <u>(MB)</u>

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1052800

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 Stanley J. Liebman, Student Embalmer No. 750
working under my personal supervision.

Student Stanley J. Liebman
Signature of Student Embalmer

Signed R. L. Dunning

Licensed Embalmer No. H 710

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.

Permit Obtained 5-6-65 - (MIB)